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{ REPORT
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DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATION BILL, 2000

SEPTEMBER 29, 1999.—Ordered to be printed

Mr. SPECTER, from the Committee on Appropriations,
submitted the following

REPORT

[To accompany S. 1650]

The Committee on Appropriations reports the bill (S. 1650) making appropriations for Departments of Labor, Health and Human Services, and Education and related agencies for the fiscal year ending September 30, 2000, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amount of budget authority

Total bill as reported to Senate	\$324,157,991,000
Amount of adjusted appropriations, 1999	300,627,424,000
Budget estimates, 2000	325,069,040,000
The bill as reported to the Senate:	
Over the adjusted appropriations for 1999	+ 23,530,567,000
Under the budget estimates for 2000	− 911,049,000

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SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2000, the Committee recommends total budget authority of \$324,157,991,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. Of this amount, which includes subsequent year advances, \$84,018,000,000 is current year general purpose discretionary funding.

ALLOCATION CEILING

Consistent with Congressional Budget Office scorekeeping, the recommendations result in full use of the \$83,593,000,000 in general purpose discretionary budget authority pursuant to section 302(b) of the Congressional Budget Act of 1974, as amended. In addition, the recommendations include \$405,000,000 in budget authority for the Social Security Administration to conduct continuing disability reviews provided consistent with Public Law 104-124 and Public Law 104-193 and \$20,000,000 for adoption incentive programs conducted by the Administration on Children and Families, provided consistent with Public Law 95-266.

OVERVIEW AND BILL HIGHLIGHTS

The Labor, HHS and Education and Related Agencies bill constitutes the largest of the 13 federal appropriations bills being considered by Congress this year. It is the product of extensive deliberations, driven by the realization that no task before Congress is more important than safeguarding and improving the health and well-being of all Americans. This bill is made up of over 300 programs, spanning three federal Departments and numerous related agencies. But the bill is more than its component parts. Virtually every element of this bill reflects the traditional ideal of democracy: That every citizen deserves protection from illness and want; the right to a basic education and job skills training; and an equal opportunity to reach one's highest potential.

This bill at the same time provides a safety net of social protections for the needy while stimulating advances in human achievement and the life sciences. At its core, this bill embodies those defining principles by which any free society must be guided: compassion for the less fortunate; respect for family and loved ones; acceptance of personal responsibility for one's actions; character development; and the avoidance of destructive behavior.

HIGHLIGHTS OF THE BILL

Youth violence prevention initiative.—Building on last year's efforts, the Committee bill includes \$850,000,000 for currently authorized programs within the Departments of Labor, HHS and

Education. The initiative will focus resources on activities that identify, prevent and help cope with violence among youth.

Youth employment and training.—The Committee bill provides \$1,375,965,000 for programs to provide training and work experience to youths. This amount includes \$1,000,965,000 for youth employment and training, \$250,000,000 for youth opportunity grants, and \$110,000,000 for school-to-work.

Job Corps.—The Committee recommendation includes \$1,347,191,000 for the Job Corps, an increase of \$37,977,000 over the 1999 level.

Worker protection.—The Committee bill includes \$1,318,201,000 to ensure the health and safety of workers, including \$388,142,000 for the Occupational Safety and Health Administration and \$230,873,000 for the Mine Safety and Health Administration. The recommendation is an increase of \$141,454,000 over the 1999 level.

National Institutes of Health.—A total of \$17,613,470,000 is recommended to fund biomedical research at the 25 Institutes and centers that comprise the NIH. This represents an increase of \$2,000,000,000 over the fiscal year 1999 level.

AIDS.—The Committee bill includes \$4,432,699,000 for AIDS research, prevention, and services. This includes \$1,610,500,000 for Ryan White programs, an increase of \$199,649,000, \$662,276,000 for AIDS prevention programs at the Centers for Disease Control and Prevention, and \$85,000,000 for global and minority AIDS activities within the Public Health and Social Services Fund. The Committee recommendation includes \$50,000,000 for benefit payments authorized by the Ricky Ray Hemophilia Trust Fund Act.

Bioterrorism initiative.—The Committee bill includes \$224,340,000 to fund efforts to address bioterrorism threats.

Women's health.—The Committee bill provides \$15,495,000 for programs focused on the advancement of women's health initiatives. The Committee recommends an additional \$167,051,000 for breast and cervical cancer screening, an increase of \$7,980,000 over the 1999 level.

Infectious diseases.—The Committee bill provides \$165,610,000 within the Centers for Disease Control and Prevention to combat the growing threat of infectious disease. The amount recommended is an increase of \$27,974,000 over the fiscal year 1999 amount.

Family planning.—The Committee bill recommends \$222,432,000 for the family planning program, an increase of \$7,500,000 over last year's appropriation. These funds support primary health care services at over 4,000 clinics nationwide.

Child care and development block grant.—The Committee recommendation provides \$1,182,672,000 for child care services, the same as last year's level.

Community services block grant.—The Committee bill includes \$500,000,000.

Head Start.—The Committee recommendation includes \$5,267,000,000 for the Head Start Program. This represents an increase of \$608,483,000 over the 1999 enacted level.

Low-income home energy assistance.—The Committee recommends \$1,100,000,000 for heating and cooling assistance for low-income individuals and families as an advance appropriation for fiscal year 2001. Also included is bill language permitting up to

\$300,000,000 in funding to provide additional energy assistance during weather emergencies.

Crime reduction.—The bill recommends \$174,449,000 for violent crime reduction activities, including \$102,300,000 for battered women's shelters.

Drug abuse.—A total of \$3,687,015,000 is included for drug abuse prevention, treatment, and research activities, an increase of \$367,849,000 over the fiscal year 1999 level.

Grants for disadvantaged children.—The Committee bill provides \$8,052,397,000 for grants to disadvantaged children, \$320,000,000 more than the 1999 level.

Student financial aid.—The Committee recommends \$9,498,000,000 for student financial assistance, including \$934,000,000 for the Federal Work Study Program. The amount provided for the Pell Grant Program will allow the maximum grant to be raised to \$3,325, an increase of \$200 over the 1999 amount.

Higher education initiatives.—The Committee bill provides \$1,404,631,000 for initiatives to provide greater opportunities for higher education, including \$180,000,000 for GEAR UP, \$10,000,000 for Learning Anytime Anywhere partnership grants, and \$80,000,000 to improve teacher quality training.

Education for individuals with disabilities.—The Committee bill provides \$6,035,646,000 to ensure that all children have access to a free and appropriate education, and that all infants and toddlers with disabilities have access to early intervention services. This represents an increase of \$911,500,000 over the 1999 level.

Rehabilitation services.—The bill recommends \$2,692,872,000 for rehabilitation services, an increase of \$40,288,000 above the amount provided in 1999. These funds are essential for families with disabilities seeking employment.

Services for older Americans.—For programs serving older Americans, the Committee recommendation totals \$2,247,219,000 including \$440,200,000 for community service employment for older Americans, \$310,082,000 for supportive services and centers, and \$521,412,000 for senior nutrition programs. For the medical research activities of the National Institute on Aging, the Committee recommends \$680,332,000, an increase of 13.4 percent. The Committee recommendation includes \$15,500,000 for the Medicare insurance counseling program.

Public broadcasting.—The Committee bill provides \$350,000,000 to support public radio and television, an increase of \$10,000,000 over the previous year's appropriation.

Social Security Administration.—The Committee bill recommends \$6,673,871,000, an increase of \$247,871,000 over the 1999 level.

YOUTH VIOLENCE PREVENTION INITIATIVE

The shocking events surrounding the shootings at public schools serve to highlight a problem that is neither new nor predictable by way of demographics, region or economic standing. Violent behavior on the part of young people is no longer confined to inner-city street gangs. For all of the hope and inspiration our young people give us, we now find ourselves profoundly troubled by the behavior of some of the younger generation.

An estimated 3 million crimes a year are committed in or near the nation's 85,000 public schools. During the 1996–97 school year alone, one-fifth of public high schools and middle schools reported at least one violent crime incident, such as murder, rape or robbery; more than half reported less serious crimes. Homicide is now the third leading cause of death for children age 10 to 14. For more than a decade it has been the leading cause of death among minority youth between the ages of 15 and 24. The trauma and anxiety that violence begets in our children most certainly interferes with their ability to learn and their teachers' ability to teach: an increasing number of school-aged children say they often fear for their own safety in and around their classroom.

The Gun-Free Schools Act of 1994 requires states to pass laws mandating school districts to expel any student who brings a firearm to school. A recent study indicates that the number of students carrying weapons to school dropped from 26.1 percent in 1991 to 18.3 percent in 1997. While this trend is encouraging, the prevalence of youth violence is still unacceptably high. Recent incidents clearly indicate that much more needs to be done. Some of the funds provided in this initiative will help state and local authorities to purchase metal detectors and hire security officers to reduce or eliminate the number of weapons brought into educational settings.

Fault does not rest with one single factor. In another time, society might have turned to government for the answer. However, there is no easy solution, and total reliance on government would be a mistake. Youth violence has become a public health problem that requires a national effort. Certainly, our government at all levels—federal, state and local—must play a role. But we must also enlist the energies and resources of private organizations, businesses, families and the children themselves.

The Committee is aware of the controversy regarding the media's role in influencing in youth violence. The Committee recognizes that some members of the entertainment industry have challenged the methodology of studies conducted over the past 3 decades which have linked movies, television programs, song lyrics, and video games with violent behavior. The Committee believes that any studies that determine causative factors for youth violence should be based on sound methodology which yields statistically significant and replicable results. Despite disagreement over the media's role, the Committee is encouraged by historic efforts of various sectors of the entertainment industry to monitor and discipline themselves and to regulate content. The industry's self-imposed, voluntary ratings system is a step in the right direction. Further vigilance, however, is needed to ensure that media products are distributed responsibly, and that ratings systems are appropriate and informative so that parents are empowered to monitor their youths' consumption of movies, television programs, music and video games.

Many familial, psychological, biological and environmental factors contribute to youths' propensity toward violence. The youth violence prevention initiative contained in this bill is built around these factors and seeks to be comprehensive and to eliminate the conditions which cultivate violence.

Over the past several months, the Committee convened three lengthy meetings with the Deputy Attorney General; the Surgeon General; Assistant Secretary for Management and Budget, DHHS; Acting Deputy Assistant Secretary for Elementary and Secondary Education and the Director of Safe and Drug Free Schools; Assistant Secretary for Special Education; Commissioner, Administration for Children and Families; Director, National Institute of Mental Health; Director of Policy, Employment and Training Administration; Director of Program Development, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; Director, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control; Assistant Surgeon General; Deputy Assistant Secretary for Health; Acting Director, Office of Victims of Crime, Department of Justice; Deputy Assistant Secretary for Employment and Training, Department of Labor; and the National Association of School Psychologists. These officials expressed their appreciation for the opportunity to discuss this issue with other agency administrators, and share their particular programs' approaches to preventing youth violence. The meeting participants enthusiastically endorsed a coordinated interagency approach to the youth violence problem, and discussed how best to efficiently collaborate with other agencies and organizations across the government and in the private sector.

Based on those three meetings and staff follow up, the following action plan was developed.

The Committee has reallocated from existing programs \$850,800,000 for a youth violence prevention initiative. These funds together with increases included for the National Institute of Mental Health, National Institute of Drug Abuse, and the National Institute of Alcohol Abuse and Alcoholism will provide resources to address school violence issues in a comprehensive way. This coordinated approach will improve research, prevention, education and treatment strategies to address youth violence.

1. Office of the United States Surgeon General

A. Coordination by the United States Surgeon General.—The Committee views youth violence as a public health problem, and therefore directs the United States Surgeon General to take the lead role in coordinating a federal initiative to prevent youth violence. The Office of the Surgeon General (OSG) within the Office of Public Health and Science shall be responsible for the development and oversight of cross-cutting initiatives within the Department of Health and Human Services and with other Federal Agencies to coordinate existing programs, some of which are outlined below, to reduce the incidence of youth violence in the United States. The Committee has included \$4,000,000 directly to the OSG to help in this coordination effort. Sufficient funds have been included for a Surgeon General's report on youth violence. This report, to be coordinated by the OSG should review the biological, psychosocial and environmental determinants of violence, including a comprehensive analysis of the effects of the media, the internet, and video games on violent behavior and the effectiveness of preventive interventions for violent behavior, homicide, and suicide.

The OSG shall have lead responsibility for this report and its implementation activities.

B. Federal Coordinating Committee on the Prevention of Youth Violence.—The Committee also directs the Secretary of HHS to establish a Federal Coordinating Committee on the Prevention of Youth Violence. This Committee should be chaired by the Surgeon General and co-chaired by a representative from the OSG, within the Office of Public Health and Science, the Departments of Justice, Education and Labor to foster interdepartmental collaboration and implementation of programs and initiatives to prevent youth violence. The representative from the OSG within the Office of Public Health and Science shall report directly to the Surgeon General and shall coordinate this initiative.

C. National Academic Centers of Excellence on Youth Violence Prevention.—The Committee has included \$10,000,000 to support the establishment of ten National Centers of Excellence at academic health centers that will serve as national models for the prevention of youth violence. These Centers should: (1) develop and implement a multi-disciplinary research agenda on the risk and protective factors for youth violence, on the interaction of environmental and individual risk factors, and on preventive and therapeutic interventions; (2) develop and evaluate preventive interventions for youth violence, establishing strong linkages to the community, schools and with social service and health organizations; (3) develop a community response plan for youth violence, bringing together diverse perspectives including health and mental health professionals, educators, the media, parents, young people, police, legislators, public health specialists, and business leaders; and (4) develop a curriculum for the training of health care professionals on violent behavior identification, assessment and intervention with high risk youth, and integrate this curriculum into medical, nursing and other health professional training programs.

D. National Youth Violence Prevention Resource Center.—The Committee has included \$2,500,000 to establish a National Resource Center on Youth Violence Prevention. This center should establish a toll free number (in English and Spanish) and an internet website, in coordination with existing Federal web site resources, to provide accurate youth violence prevention and intervention information produced by the government and linked to private resources. Hundreds of resources are now available on this issue including statistics, brochures, monographs, descriptions of practices that work, and manuals about how to implement effective interventions. This Resource Center will provide a single, user-friendly point of access to important, potentially life-saving information about youth violence, and an explanation about preventing youth violence and how to intervene. Additionally, technical assistance on how to establish programs in communities across the country by providing local resources would also be made available through the National Resource Center.

E. Health Care Professional Training.—The Committee has included sufficient funds for the training of primary health care providers, pediatricians and obstetricians/gynecologists in detecting child and youth violence stemming from child abuse.

2. *National Institute of Mental Health*

A. *Zero to Five*.—Many risk factors are established early in a child's life (0 to 5 years), including child abuse and neglect. However, less dramatic problems that delay cognitive and social and emotional development may also lead to later serious conduct problems that are resistant to change. The Committee encourages NIMH to address both of these types of problems by supporting research to understand and prevent abuse and neglect, by encouraging research on how to best instruct parents and child care workers in appropriate interventions, and by supporting research that develops and evaluates interventions for early disruptive behavior in diverse preschool and community settings. In addition, the Institute should work to ensure that the goals of all interventions include effectiveness and sustainability.

B. *Five to twelve*.—Attention Deficit Hyperactivity Disorder (ADHD) and depression often emerge in the 5–12 year age range. Comprehensive research-based programs have been developed to provide such children with the mental health services and behavioral interactions they need. The Committee urges NIMH to continue its work toward the development and evaluation of programs aimed at prevention, early recognition, and intervention for depression and youth suicide in diverse school and community settings to determine their effectiveness and sustainability; to support the development and evaluation of behavioral interventions for home and classroom to manage ADHD; to identify through research the most cost-effective features of proven prevention programs for resource poor communities; and to support multi-site clinical trials to establish safe and effective treatment of acute and long-term depression and ADHD.

C. *12 to 18*.—Early adolescence is an important time to stop the progression of violent behavior and delinquency. Multisystemic therapy (MST), in which specially trained individuals work with the youth and family in their homes, schools and communities, have been found to reduce chronic violent or delinquent behavior. Research has shown sustained improvements for at least 4 years, and MST appears to be cost effective when compared to conventional community treatment programs in that it has proven to reduce hospitalization and incarceration.

D. *Behavioral and Psychosocial Therapies*.—Therapeutic Foster Care is an effective home based intervention for chronically offending delinquents. Key elements of the program include providing supervision, structure, consistency, discipline, and positive reinforcement. This intervention results in fewer runaways and program failures than other placements and is less expensive. The Committee encourages NIMH to work in collaboration with CDC, SAMHSA, and the Department of Justice to implement effective model interventions for juvenile offenders with conduct disorders in diverse populations and settings. NIMH has initiated the nation's first large-scale multi-site clinical trial for treatment of adolescent depression, and the Committee supports additional research to improve recognition of adolescent depression.

E. *Public Health Research, Data Collection and Community-based Interventions*.—There are four cross-cutting areas in need of further research action across all agencies: community interven-

tions, media, health provider training, and information dissemination. The Committee directs NIMH to ensure that research focuses on: examining the feasibility of public health programs combining individual, family and community level interventions to address violence and identify best practices; developing curricula for health care providers and educators to identify pediatric depression and other risk factors for violent behavior; studying the impact of the media, computer games, internet, etc., on violent behavior; disseminating information to families, schools, and communities to recognize childhood depression, suicide risk, substance abuse, and ADHD and decreasing the stigma associated with seeking mental health care. The Committee also encourages NIMH to work in collaboration with CDC and SAMHSA to create a system to provide technical assistance to schools and communities to provide public health information and best practices to schools and communities to work with high risk youth. The Committee has included sufficient funds to collect data on the number and percentage of students engaged in violent behavior, incidents of serious violent crime in schools, suicide attempts, and students suspended and/or expelled from school.

3. *National Institute of Drug Abuse.*—Drug abuse is a risk factor for violent behavior. The Committee encourages NIDA to support research on the contribution of drug abuse including methamphetamine use, its co-morbidity with mental illness, and treatment approaches to prevent violent behavior.

4. *National Institute of Alcohol Abuse and Alcoholism.*—The Committee encourages NIAAA to examine the relationship of alcohol and youth violence with other mental disorders and to test interventions to prevent alcohol abuse and its consequences.

5. *Safe Schools, Healthy students*

Mental Health Counselors/Community Support/Technical Assistance and Education.—The Committee has included \$80,000,000, an increase of \$40,000,000 over the fiscal year 1999 appropriation, to support the delivery and improvement of mental health services, including school-based counselors, in our nation's schools. These funds allow State and local mental health counselors to work closely with schools and communities to provide services to children with emotional, behavioral, or social disorders. Some of these funds also help train teachers, school administrators, and community groups that work with youths to identify children with emotional or behavioral disorders. The program is being administered collaboratively by the Substance Abuse and Mental Health Services Administration within the Department of Health and Human Services and the Departments of Education and Justice to help school districts implement a wide range of early childhood development techniques, early intervention and prevention strategies, suicide prevention, and increased and improved mental health treatment services. Some of the early childhood development services include effective parenting programs and home visitations.

6. *Parental responsibility/Early Intervention.*—Sociological and scientific studies show that the first three years of a child's cognitive development sets the foundation for life-long learning and can determine an individual's emotional capabilities. Parents, hav-

ing the primary and strongest influence on their child, play a pivotal role at this stage of development. Scientists have found that parental relationships affect their child's brain in many ways. A secure, highly interactive, and warm bond can bolster the biological systems that help a child handle their emotions. Research further indicates that a secure connection with the parent will better equip a child to handle stressful events throughout life. Statistics show that the parental assistance program in particular has helped to lower the incidence of child abuse and neglect, reduces placement of children in special education programs, and involves parents more actively throughout their child's school years. The Committee recognizes that early intervention activities conducted through the Department of Education's parent information and resource centers program can make a critical difference in addressing the national epidemic of youth violence, and therefore includes an additional \$3,000,000 to expand its services to educate parents to work with professionals in preventing and identifying violent behavioral tendencies.

7. Safe and Drug-Free Schools

A. National Programs.—The Committee remains extremely concerned about the frequent and horrific occurrence of violence in our Nation's schools. Last year, the Committee provided \$90,000,000 within this account for a school violence prevention initiative. As part of an enhanced and more comprehensive effort, the Committee has provided \$100,000,000 within the safe and drug-free schools and communities program to support activities that promote safe learning environments for students. Such activities should include: targeted assistance, through competitive grants, to local educational agencies for community-wide approaches to creating safe and drug free schools; and training for teachers and school security officers to help them identify students who exhibit signs of violent behavior, and respond to disruptive and violent behavior by students. The Committee also encourages the Department to coordinate its efforts with children's mental health programs.

B. Coordinator Initiative.—The Committee has included \$60,000,000, an increase of \$25,000,000 over the fiscal year 1999 appropriation and \$10,000,000 more than the budget request. The Committee recommendation will enable the Department of Education to provide assistance to local educational agencies to recruit, hire, and train drug prevention and school safety program coordinators in middle schools with significant drug and school safety problems. These coordinators will be responsible for developing, conducting and analyzing assessments of their school's drug and crime problems, and identifying promising research-based drug and violence prevention strategies and programs to address these problems.

8. 21st Century Community Learning Centers.—The Committee has included \$400,000,000 for the 21st Century Community Learning Centers, an increase of \$200,000,000 over the fiscal year 1999 level. These funds are intended to be used to reduce idleness and offer an alternative to children when they conclude their school day, at a time when they are typically unsupervised. Nationally, each week, nearly 5 million children ages 5–14 are home alone

after school, which is when juvenile crime rates double. According to the Department of Justice, 50 percent of all juvenile crime occurs between the hours of 2 p.m. and 8 p.m. during the week. Therefore, the Committee has included funds to allow the Department of Education to support after-school programs that emphasize safety, crime awareness, and drug prevention.

9. *Teacher Quality Enhancement Grants.*—The Committee has included \$80,000,000 for teacher quality enhancement grants, an increase of \$2,788,000, for professional development of K–12 teachers, which is a necessary component to addressing the epidemic of youth violence. The Committee encourages the Department, in making these grants, to give priority to partnerships that will prepare new and existing teachers to identify students who are having difficulty adapting to the school environment and may be at-risk of violent behavior. Funds should also be used to train teachers on how to detect, manage, and monitor the warning signs of potentially destructive behavior in their classrooms.

10. *Character Education.*—The Committee recommends \$10,300,000 for character education partnership grants. These funds will be used to encourage states and school districts to develop pilot projects that promote strong character, which is fundamental to violence prevention. Character education programs should be designed to equip young individuals with a greater sense of responsibility, respect, trustworthiness, caring, civic virtue, citizenship, justice and fairness, and a better understanding of the consequences of their actions.

11. *Elementary School Counseling.*—The Committee is concerned about the inaccessibility of school counselors for young children and therefore is providing \$20,000,000 for the Elementary School Counseling Demonstration as a part of the youth violence prevention initiative. Many students who are having a difficult time handling the pressures of social and academic demands could benefit from having mental health care readily available. The Committee believes that increasing the visibility of school counselors would legitimize their role as part of the school's administrative framework, thereby, encouraging students to seek assistance before resorting to violence.

12. *Civic education.*—Within the amounts provided, the Committee has included \$1,500,000 to continue the violence prevention initiative begun in fiscal year 1999. The Committee encourages that funds be used to conduct a five State violence prevention demonstration program on public and private elementary, middle, and secondary schools involving students, parents, community leaders, volunteers, and public and private sector agencies, such as law enforcement, courts, bar associations, and community based organizations.

13. *Literacy programs*

A. The Committee has included \$21,500,000, an increase of \$3,500,000 for the Reading is Fundamental program to promote literacy skills. Studies show that literacy promotion is one tool to prevent youth violence. The Committee believes that this program, which motivates children to read and increases parental involvement is another way to prevent youth violence at an early age.

B. The Committee has included \$19,000,000, an increase of \$2,277,000 for the State Grants for Incarcerated Youth Offenders/Prisoner Literacy Programs. This program, which assists states to encourage incarcerated youth to acquire functional literacy, life and job skills, can also play a role in reducing recidivism rates and violent behavior.

C. The Committee has included \$42,000,000 for the Title I Neglected and Delinquent/High Risk Youth program, an increase of \$1,689,000 over the fiscal year 1999 appropriation. These funds will assist states to strengthen programs for neglected and delinquent children to enhance youth violence prevention programs in state-run institutions and for juveniles in adult correctional facilities.

These funds will be used to motivate youth to read and enhance their academic achievement. Literacy promotion encourages young individuals to pursue productive goals, such as continued education and gainful employment.

14. *Youth Service delivery systems.*—The Committee is aware that the Workforce Investment Act (WIA) brings new emphasis to the development of coherent, comprehensive youth services that address the needs of low-income youth over time. It believes that youth service delivery systems under WIA integrate academic and work-based learning opportunities, offer effective connections to the job market and employers, and have intensive private-sector involvement. Such effective systems can provide low-income, disadvantaged youth with opportunities in our strong economy as alternatives to youth violence and crime. The Committee further recognizes the potential of Youth Councils for creating the necessary collaboration of private and public groups to create community strategies that improve opportunities for youth to successfully transition to adulthood, postsecondary education and training. Thus, the Committee has included funds to continue investments in WIA formula-funded youth training and employment activities, the Youth Opportunities grant program, the Job Corps, and added \$15,000,000 to continue and expand the Youth Offender grant program serving youth who are or have been under criminal justice system supervision.

REPROGRAMMING AND INITIATION OF NEW PROGRAMS

Reprogramming is the utilization of funds for purposes other than those contemplated at the time of appropriation enactment. Reprogramming actions do not represent requests for additional funds from the Congress, rather, the reapplication of resources already available.

The Committee has a particular interest in approving reprogrammings which, although they may not change either the total amount available in an account or any of the purposes for which the appropriation is legally available, represent a significant departure from budget plans presented to the Committee in an agency's budget justification.

Consequently, the Committee directs that the Departments and agencies funded through this bill make a written request to the chairman of the Committee prior to reprogramming of funds in excess of 10 percent, or \$500,000, whichever is less, between pro-

grams, activities, or elements unless an alternate amount for the agency in question is specified elsewhere in this report. The Committee desires to have the requests for reprogramming actions which involve less than the above-mentioned amounts if such actions would have the effect of changing an agency's funding requirements in future years, if programs or projects specifically cited in the Committee's reports are affected or if the action can be considered to be the initiation of a new program.

The Committee directs that it be notified regarding reorganization of offices, programs, or activities prior to the planned implementation of such reorganizations.

The Committee further directs that each agency under its jurisdiction submit to the Committee statements on the effect of this appropriation act within 60 days of final enactment of this act.

TRANSFER AUTHORITY

The Committee has included bill language permitting transfers up to 1 percent between discretionary appropriations accounts, as long as no such appropriation is increased by more than 3 percent by such transfer; however, the Appropriations Committees of both Houses of Congress must be notified at least 15 days in advance of any transfer. Similar bill language was carried in last year's bill for all three Departments.

Prior Committee notification is also required for actions requiring the use of general transfer authority unless otherwise provided for in this act. Such transfers specifically include taps, or other assessments made between agencies, or between offices within agencies. Funds have been appropriated for each office funded by this Committee; it is not the intention of this Committee to augment those funding levels through the use of special assessments. This directive does not apply to working capital funds or other fee-for-service activities.

TITLE I—DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION
TRAINING AND EMPLOYMENT SERVICES

Appropriations, 1999	\$5,271,919,000
Budget estimate, 2000	5,474,798,000
Committee recommendation	5,472,560,000

The Committee recommends \$5,472,560,000 for this account in 2000 which provides funding authorized primarily by the Workforce Investment Act [WIA]. This is \$200,641,000 more than the 1999 level.

Training and employment services is comprised of programs designed to enhance the employment and earnings of economically disadvantaged and dislocated workers, operated through a decentralized system of skill training and related services. This appropriation is generally forward-funded on a July-to-June cycle. Funds provided for fiscal year 2000 will support the program from July 1, 2000, through June 30, 2001.

Fiscal year 1999 was a transition year from the Job Training Partnership Act [JTPA] to the new Workforce Investment Act, and fiscal year 2000 will be the first full year of operations under the new law, beginning July 1, 2000. The new legislation is expected to significantly enhance employment and training services, consolidating, coordinating, and improving programs utilizing a local level one-stop delivery system.

The Committee is aware that the information technology industry can be an ideal source of employment and supplemental income for rural communities and farm families desiring to remain on the farm. The Committee is also aware of the desire of five rural states to participate in a rural technology jobs and entrepreneurship pilot project with training funds available under the American Competitiveness and Workforce Investment Act. The Committee urges the Department to give full consideration to supporting such a project.

Adult employment and training activities.—For Adult Employment and Training Activities, the Committee recommends \$950,000,000. This is \$5,000,000 less than the 1999 comparable level. This program is authorized by the Workforce Investment Act and is formula-funded to States and further distributed to local workforce investment boards. Services for adults will be provided through the One-Stop system and most customers receiving training will use their individual training accounts to determine which programs and providers fit their needs. The Act authorizes core services, which will be available to all adults with no eligibility requirements, and intensive services, for unemployed individuals who are not able to find jobs through core services alone.

Dislocated worker employment and training activities.—For Dislocated Worker Employment and Training Activities, the Committee recommends \$1,595,510,000. This is \$195,000,000 more than the 1999 comparable level. This increase is allowed as part of an overall initiative to begin providing reemployment services for all who need them. In this program, the effort is a major step toward providing all dislocated workers who want and need assistance the resources to train for or find new jobs. This program, authorized by WIA, is a State-operated effort which provides core services, intensive services, training, and supportive services to help permanently separated workers return to productive, unsubsidized employment. In addition, States use these funds for rapid response assistance to help workers affected by mass layoffs and plant closures. Eighty percent of funding is distributed by formula to the States. The remaining twenty percent is available to the Secretary for activities specified in WIA, primarily to respond to mass layoffs, plant and/or military base closings, and natural disasters across the country, which cannot be otherwise anticipated, as well as technical assistance and training and demonstration projects.

The Committee has included bill language removing the WIA statute's limitation on Dislocated Worker discretionary funding which can be used for pilot and demonstration projects in order to allow for the more careful examination of issues surrounding the reemployment of our Nation's dislocated workers.

The Committee recommendation includes funds to continue those projects, listed below, which were awarded through the Congressionally authorized competition in fiscal year 1999 for meeting the needs of a skilled workforce. The Department is encouraged to take into account project performance and utilization of prior year funding when using these funds.

The Committee understands that PhAME (Philadelphia Area Accelerated Manufacturing Education Inc.) is eligible to apply for financial support under National Emergency Grants. If PhAME is successful and if additional funds are provided, the program would use them for job training program operations, including teaching staff salaries, shop supplies, computer software, and licenses and teaching aids.

The Committee understands that Lehigh University's Iacocca Institute is eligible to apply under a competition under National Emergency Grants for financial support. If the Institute is successful and additional funds are provided, Lehigh would continue the development of a curriculum to train instructors who will work with the PhAME program in Philadelphia.

The Committee is pleased that the Department has made funding available to support the retraining of incumbent workers as provided for in last year's appropriations legislation. The Committee urges the Department to give full and fair consideration to similar requests submitted in support of efforts undertaken by the Commonwealth of Pennsylvania. The Committee recommendation continues incumbent worker bill language from last year's appropriations legislation.

The Committee understands that Women Work! is eligible to apply for financial support under National Emergency Grants. These funds can be used to support technical assistance for State

and local workforce investment boards on the provision of services to displaced homemakers and non-traditional training for women using organizations of demonstrated effectiveness, including Women Work!.

The Committee is aware of the severe worker dislocation brought on by the closure of one of three sugarcane plantations on the Hawaiian island of Kauai, and the likely closure of another plantation. To provide assistance to affected workers and communities, the Committee encourages the Department to support from National Emergency Grant funds a proposal from the Hawaii Department of Labor, the Kauai Cooperative Extension Service, and the Hawaii Small Business Development Center to provide agricultural and business training to dislocated sugarcane workers.

The Committee encourages the Department to continue support for a high technology training initiative on the island of Maui and to consider funding a proposal from the American Indian Science and Engineering Society, both of which focus on improving the representation of women in computer networking, telecommunications, and developing training and curriculum models to meet the increasing need for workers in telecommunications industry. The Committee expects the local workforce investment boards under the Workforce Investment Act in conjunction with the local business community, community colleges and other appropriate parties to develop and maintain effective partnerships. The Committee expects that a similar effort will be developed at Bethel Native Corporation in southwest Alaska.

The Committee encourages the Department to continue the JOBLINKS program administered by the Community Transportation Association of America. The JOBLINKS program provides technical assistance to local communities in developing and implementing strategies to get low income people living in economically distressed communities to centers of employment. In light of the new work requirements for individuals receiving public assistance and the obstacle that the lack of transportation poses in gaining a job, the Committee believes that continuation of this important program is warranted. The Committee encourages support for a center of technical assistance on employment and transportation issues and the inclusion of additional demonstration sites.

The Committee supports the efforts of and is encouraged by the planning and preparation devoted to the 2001 Special Olympics World Winter Games to promote employment opportunities for individuals with mental disabilities.

The Committee recognizes efforts by the Department to conduct projects that demonstrate efficient and effective methodologies, consistent with the Workforce Investment Act, to prepare disenfranchised populations not participating in the U.S. economy with the high skills necessary to work within a high technology economy.

The United States steel industry has been adversely affected by the recent steel crisis caused by the dumping and subsidization of imported steel. The industry has sustained significant loss of jobs, almost 340,000 in a period of twenty years, despite the fact that the industry has invested over \$50,000,000,000 in new technology and environmental controls in an effort to meet the challenge of

global competition. Unfair trade practices undermine fair competition standards, resulting in several bankruptcies of American steel companies and a continued trend of layoffs of dedicated steelworkers. The Committee encourages the Department to use national emergency grants to supplement other funds in the provision of training and placement services for individuals who have lost their jobs in the steel industry as a result of these unfair trade practices.

The Committee notes that funding is requested for the International Shipyard Worker Training Demonstration Project at the Quincy, Massachusetts shipyard. Quincy Shipyard could create hundreds of new, highly skilled jobs. Once trained, shipyard workers could assist in training hundreds of other workers in advanced shipyard techniques and systems.

The reopening of America's commercial shipyards is an opportunity to create high skilled jobs, strengthen our national security, and bring into the United States technology currently available only in competing economies. Traditional worker training programs may not fit the needs of these workers. The Department of Labor is expected to make every effort to be flexible in the use of worker training funding for reactivated shipyards, such as those in Philadelphia, Pennsylvania, Ketchikan, Alaska, and Quincy, Massachusetts. The Committee encourages the Department to use National Emergency Grants to supplement available resources for (1) worker training needs at reactivated shipyards that have experienced large scale worker dislocation, (2) continuing training to utilize the workplace as a site for learning, (3) supporting training for American workers at state-of-the-art foreign shipyards, and (4) continuing upgrading of workers skills to increase employability and job retention.

The Committee is aware of an effort to develop and implement a rapid response program to identify education and training needs of employers and then to provide such education and training. Immediate programs will be in process plant technology and information technology. In process plant technology, plant simulation software and educational engineering equipment will be used. Process plant operators represent one of the highest paying non-baccalaureate entry level positions in Montana, with beginning salaries at \$15-\$20 per hour. There are a number of jobs available in the refining, petrochemical, gas processing and power generation areas. Other areas to be considered are computer systems technology, information technology support, network certification, client-server technology, network engineering and management, emergency medical technician and dental hygiene, allied health care and health care technicians, safety and sanitation, environment and water quality technology and software simulation.

The Bureau of Labor Statistics estimates that in Oil and Gas and related support industries, almost 60,000 jobs have been lost in the U.S. since the price of oil crashed in November 1997. Despite the fact that the price of oil has rebounded slightly in recent weeks, job losses are expected to continue, and state workforce development agencies in energy-producing states have strained to meet the demands posed by these massive layoffs. The Committee is aware of requests for dislocated worker discretionary funds to supplement

other funds in the provision of training and placement services for individuals who have lost their jobs in the energy sector in areas disproportionately impacted by decreases in energy commodity prices.

The Committee notes that climatic challenges presented in the Arctic for oil field development and operations require specialized training for workers to meet the high standards of the American oil industry. The Committee encourages the Department to support a demonstration project to provide training to foreign workers, including Russians, in Arctic oil field modular construction and management support operations.

The Committee is aware that the Philadelphia Housing Authority and the Detroit Works Partnership are developing a national demonstration project to prepare low income residents, in Philadelphia and Detroit, to enter into trade skill apprenticeship programs and begin on a career path with a livable wage and financial stability. This national demonstration model will provide incentives, supervision, internal support and realistic exposure to work experience necessary to support unemployed and underemployed Philadelphia and Detroit residents transitioning to sustained employment.

Manufacturing employers throughout the nation have indicated that their need for skilled manufacturing workers will escalate dramatically in the foreseeable future as a result of an increased demand for manufactured goods combined with a higher rate of present worker retirement. The Committee believes that it is in the best interest of the country to address the critical shortage of highly skilled manufacturing workers not only for the purpose of keeping America competitive but also as a matter of national security. The program underway in central Iowa called SMART Partners (Skills for Manufacturing in America Right for Tomorrow) could be a model for addressing how the highly skilled future manufacturing workforce could be developed and sustained through public-private partnerships. Des Moines Area Community College is leading the effort to partner with key industries, area high schools, School-to-Work and Tech Prep initiatives, and minority communities to inform and recruit young women and men into high skilled manufacturing careers. This project is an industry-driven “integrated manufacturing” community college education program in which industry partners will guarantee full-time employment to those students who meet the competencies and skill standards required in modern advanced high performance manufacturing.

The Committee also is aware of the Department of Labor’s collaboration with the Manufacturing Skill Standards Counsel (MSSC). MSSC is a National Skill Standards Board voluntary partnership that represents the manufacturing industry and businesses throughout the United States and is defining the skill requirements for work in high skilled manufacturing settings. The Department of Labor plans are to integrate the skill requirements of the manufacturing industry into the nationwide Occupational Information Network or O*NET. Linking them to the job openings and resumes in America’s Job Bank and Talent Bank respectively can add real value to the schools and other training providers engaged in guiding young careers towards manufacturing and designing

curriculum to help young women and men acquire the skills necessary in the new high-skills, high wage careers of the advanced manufacturing industry. The Committee encourages the Department of Labor to explore various ways to build on partnership efforts such as the SMART Partners Program and the MSSC.

The Committee is aware of a proposal from Chipola Junior College for education challenge grants to help retrain dislocated workers for jobs that already exist in Jackson and Gulf Counties in Florida. The Committee recommends that full and fair consideration be given to requests for dislocated worker funds to supplement other funds in this proposal. These funds would permit the College to train these dislocated workers in the allied health professions which cannot be filled by the existing workforce.

The Committee is aware of the Puget Sound Center for Teaching, Learning and Technology (PSC), a collaborative partnership of Shoreline Community College, Edmonds Community College, and the Morgridge Family Foundation. The Puget Sound Center for Teaching, Learning and Technology will help alleviate the critical shortage of information technology workers in the Puget Sound region. PSC will focus on high end information technology training certification for incumbent and unemployed workers, basic computer application training for high-risk youth and academically and educationally disadvantaged adults, and high school students who are interested in careers in information technology.

The Committee recognizes a proposed program at the University of Albany which will be aimed at creating a platform for workforce training in a real manufacturing environment to take advantage of new computer chip fabrication plants expected to come online domestically in the next year or two. The laboratories will be the basis for the creation of a statewide distributed-learning network that taps into the combined educational resources of the state's 2- and 4-year colleges, as well as research universities, to provide viable instructional programs for workforce training and retraining in a real manufacturing environment.

The Committee recognizes an effort to expand a program in New Mexico of intensive services for training and employment of dislocated workers and other eligible workers in new telecommunications industry jobs, including expansion of the program into low-income rural areas.

To help disadvantaged and dislocated workers, the Committee is aware of efforts to create the Virginia Peninsula Workforce Development Center in Virginia.

The Committee understands that the University of Idaho, as the State's land grant institution, proposes to build upon its existing statewide cooperative education network, distance education capabilities, and partnerships with other educational institutions, government agencies, communities, and the private sector, to coordinate an education and training assistance program to help those dislocated from agriculture to make the difficult shift to an alternative career. An integrated program could provide short-term technical training, remote participation in educational and training programs, and financial assistance to those who choose to pursue or complete a degree.

The Committee recognizes the importance of the proposed maintenance and training complex at the Pittsburgh International Airport to the Southwestern Pennsylvania region. The Department is urged to work with Allegheny County officials to develop a job training plan to upgrade the skills of airline maintenance employees, enabling them to work on newer aircraft which the proposed maintenance complex would service.

During defense downsizing in St. Louis in the early 1990s, the Committee understands that approximately 5 percent of the displaced workers chose to start their own business. The Committee recognizes the past efforts of the St. Louis County Economic Council as the lead agency for the St. Louis Metropolitan Defense Adjustment Program in developing a regional business incubator system to launch successful businesses. Two incubators were operated to assist displaced workers with small businesses and technology enterprises, and additional assistance was provided for counseling, technical assistance, and loans/equity investment in qualified St. Louis business enterprises. With significant layoffs at the Boeing Corporation and the recent loss of 4,000 jobs at the former ATCOM facility, the Committee urges the Secretary to take the necessary steps to support a small business incubator and loan fund program to serve displaced defense-related workers in the greater St. Louis area.

Youth activities.—For Youth Activities, the Committee recommends \$1,000,965,000, the same as the 1999 comparable level. Youth Activities, authorized by WIA, consolidates the Summer Youth Employment and Training Program under JTPA Title IIB, and Youth Training Grants under JTPA Title IIC. In addition to consolidating programs, WIA also requires Youth Activities to be connected to the One-Stop system as one way to link youth to all available community resources. The purpose of Youth Activities is to provide eligible youth with assistance in achieving academic and employment success through improving educational and skill competencies and providing connections to employers. Other activities include providing mentoring opportunities, opportunities for training, supportive services, summer employment opportunities that are directly linked to academic and occupational learning, incentives for recognition and achievement, and activities related to leadership development, citizenship, and community service.

Youth opportunity grants.—For Youth Opportunity Grants, the Committee recommends \$250,000,000, the same level as the 1999 comparable level. Youth Opportunity Grants are newly-authorized in the recent Workforce Investment Act. These grants are aimed at increasing the long-term employment of youth who live in empowerment zones, enterprise communities, and other high-poverty areas. Recent surveys conducted by the Department of Labor have found employment rates for out-of-school youth as low as 24 percent in selected high-poverty neighborhoods. Youth Opportunity Grants will attempt to dramatically increase these employment rates, and thus improve all aspects of life for persons living in these communities.

School-to-work opportunities.—For School-to-Work Opportunities, the Committee recommends \$55,000,000. This is \$70,000,000 less than the 1999 comparable level. School-to-Work is an educational

strategy that aims to improve learning by connecting what goes on in the classroom to future careers and to real work situations, and to increase student access to a range of opportunities for postsecondary education and advanced training. Through the School-to-Work Opportunities Act, operated through a partnership between the Departments of Education and Labor, every State has access to seed money to design and implement a comprehensive school-to-work transition system. These systems are integrating academic and vocational education, linking secondary and postsecondary education, and providing learning opportunities at the work site. Students in School-to-Work systems are expected to meet high State academic standards. States and localities have broad latitude to design systems that include the core components of school-based learning, work-based learning, and connecting activities.

Job Corps.—For Job Corps, the Committee recommends \$1,347,191,000. This is \$37,977,000 more than the 1999 comparable level. Job Corps, authorized by WIA, is a nationwide network of residential facilities chartered by federal law to provide a comprehensive and intensive array of training, job placement and support services to at-risk young adults. The mission of Job Corps is to attract eligible young adults, teach them the skills they need to become employable and independent, and place them in meaningful jobs or further education. Participation in the program is voluntary and is open to economically disadvantaged young people in the 16–24 age range who are unemployed and out of school. Most Job Corps students come from disruptive or debilitating environments, and it is important that they be relocated to residential facilities where they can benefit from the highly structured and carefully integrated services provided by the Job Corps program. A limited number of opportunities are also available for non-residential participation.

The Committee encourages Job Corps to establish effective working relationships with work force development entities, including employers, that will enhance services to students and increase students' career opportunities. The Department is encouraged to intensify its efforts to meet industry standards in its occupational offerings by developing a multiyear process to review, upgrade, and modernize its vocational curricula, equipment, and programs in order to create career opportunities for students in appropriate growth industries. The Committee also encourages the Department of Labor's Employment and Training Administration to encourage Job Corps centers to coordinate with community-based organizations, such as substance abuse treatment centers, in innovative ways.

The Committee understands that the Job Corps program has procedures in place to help Centers establish on-site childcare facilities. The Committee is aware of a partnership that has been formed between the Northlands Job Corps Center and the Vermont Agency of Human Services to better match the resources of the Job Corps program with the needs of single mothers seeking to gain financial independence through job training.

The Committee supports the goal of the Workforce Investment Act of 1998 to integrate our nation's many diverse job training programs, and its approach of retraining the national character of the

Job Corps program within the new framework. The Committee encourages the Department to continue its work to develop national partnerships with major regional and national employers to increase employment opportunities for Job Corps graduates. The Department should also continue to establish connections between Job Corps and State workforce development programs, and between Job Corps and other national and community partners, to provide the most efficient, cost-effective services possible.

The Committee recognizes the importance of providing appropriate education and professional development to ensure future management leadership of the Job Corps, and encourages the Department to conduct a demonstration program which would address this concern.

In January, the Department designated Carville, Louisiana; Exeter, Rhode Island; Hartford, Connecticut; and Wilmington, Delaware as the sites for four new Job Corps centers. The Committee requests the Department provide a detailed report on progress in constructing these four centers, including the most current projections for their commencing operations.

The Committee encourages the Department of Labor to pursue funding in its fiscal year 2001 budget request to expand the Job Corps program, and urges that consideration be given to expansion in states that have the lowest percentages of youth served by Job Corps.

Native Americans.—For Native Americans, the Committee recommends \$60,000,000. This is \$2,185,000 more than the 1999 comparable level. This program, authorized by WIA, is designed to improve the economic well-being of Native Americans (Indians, Eskimos, Aleuts, and Native Hawaiians) through the provision of training, work experience, and other employment-related services and opportunities that are intended to aid the participants to secure permanent, unsubsidized jobs. The Department of Labor allocates formula grants to Indian tribes and other Native American groups whose eligibility for such grants is established in accordance with Department's regulations.

The Committee recommendation includes \$55,000,000 for Indian Workforce Investment Act programs, an increase of \$1,185,000 over the budget request, which is necessary to fulfill the WIA statutory requirement. The Committee also stresses the need for heightened intra-agency and inter-agency coordination to ease the transition of native communities from welfare to work.

The Committee recognizes requests for the State of Hawaii to complete the co-location of Federal and State funded work force investment activities. Consistent with fiscal year 1999, these funds will be administered by the Department of Housing and Urban Development through an inter-agency transfer. There are approximately 20,000 to 25,000 American Samoans residing in Hawaii. The indigenous people have a unique status as U.S. nationals and are the only Pacific islander people under territorial protection of the United States possessing the right to travel freely throughout the U.S. states and territories. The center is located in public housing at Kuhio Park Terrace/Kuhio Homes.

Migrant and seasonal farmworkers.—For Migrant and Seasonal Farmworkers, the Committee recommends \$75,996,000. This is

\$2,521,000 less than the 1999 comparable level. This program, authorized by WIA, is designed to serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farmwork, or fishing, or logging activities. Through training and other employability development services, the program prepares eligible seasonal farmworkers and their family members for stable, year-round employment, both inside and outside of the agricultural industry. The program also provides health care, day care and other supportive services for farmworkers who choose to stay in agriculture. At least 94 percent of each year's appropriation is allocated to States according to a population-based formula. The remainder of each year's appropriation is set aside for technical assistance to grantees and for other special projects to benefit seasonal farmworkers such as the Migrant Farmworker Housing Program.

For migrant and seasonal farmworker housing, the Committee recommendation includes \$3,000,000, the same as the fiscal year 1999 level.

The Committee understands that the Department of Labor has implemented a new Migrant and Seasonal Farmworker allocation formula. To hold those states harmless who were adversely affected by this change, and to restore funding to the PY 1998 level, the Committee recommends \$1,551,000 to be available immediately for PY 1999, and an additional \$2,928,000 be available in PY 2000. The Committee takes this action as a temporary measure to provide additional time to develop a long-range solution through the authorization process.

The Committee believes that the Association of Farmworker Opportunity Programs (AFOP) provides valuable assistance to JTPA and WIA grantees serving migrant and seasonal farmworker adults and youth in the form of technical assistance and training and serves as a reliable, unified voice of the larger grantee community. The Committee encourages the Department of Labor to continue to support AFOP's technical assistance and training activities.

The Committee notes that in the last few years, the seasonal agriculture industry has reported critical labor shortages, prompting some growers to seek the importation of foreign non-immigrant workers to cultivate and harvest their crops. These shortages have been reported despite high rates of unemployment in major agricultural counties. The Committee recognizes the Administration's efforts to develop an Agricultural Labor Network (AgNet) to help meet the needs of American agriculture and U.S. agricultural workers by affording growers access to a timely and legal U.S. agricultural work force. The Committee believes that AgNet should be designated to provide an efficient and expeditious means of matching qualified U.S. workers with employment opportunities in seasonal agriculture. Given the critical importance for the nation's food production system to have an effective tool for linking domestic farmworkers and agricultural employment, the Committee will reconsider the matter upon receipt of a more specific proposal from the Department.

Veterans workforce investment programs.—For Veterans Workforce Investment Programs, the Committee recommends \$7,300,000. This is the same as the 1999 comparable level. This

budget activity, authorized by WIA, supports efforts to provide life-long learning and skills development to veterans who have service-connected disabilities, who have significant barriers to employment, who served on active duty in the armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized, or who are recently separated.

National programs.—For National Programs, the Committee recommends \$130,598,000. This is \$43,000,000 more than the 1999 comparable level. This activity includes WIA-authorized programs in support of the workforce system including technical assistance and incentive grants, evaluations, pilots, demonstrations and research. In addition, the activity includes the National Skills Standards Advisory Board, Women in Apprenticeship, and the Homeless Veterans Reintegration Project.

Technical Assistance/Incentive Grants.—The Committee recommends \$5,000,000 for the provision of technical assistance, staff development, and replication of programs of demonstrated effectiveness; as well as incentive grants to each State that exceeds State adjusted levels of performance for WIA State programs.

Pilots and Demonstrations.—The Committee recommends \$98,500,000 for grants or contracts to conduct research, pilots or demonstrations that improve techniques or demonstrate the effectiveness of programs.

Recognizing the severity of addressing the problem faced by youth who are or have been under the criminal justice system, the Committee is encouraged by the Department of Labor's progress in awarding grants to communities to test creative ways to link job training and employment activities and juvenile justice activities to significantly reduce recidivism, gang involvement and community-wide delinquency among low-income youth and to increase their educational attainment and employment. The Committee recommends \$15,000,000 to continue to strengthen and expand the number of grants awarded to communities committed to strengthen the coordination of prevention and recovery services for juveniles and exhibiting a high degree of resource integration that results in improved services to low-income, at-risk youth. Among the programs and efforts that communities will be encouraged to link to are formula-funded youth training and employment activities under the Workforce Investment Act, the Youth Opportunities grant program, School-to-Work activities, Safe Schools/Healthy Students programs, and other Federal programs and efforts that could contribute to juvenile crime prevention such as vocational-technical education, YouthBuild, and Safe Future and Juvenile Justice gang prevention, intervention and suppression activities.

The Committee acknowledges changes under the Workforce Investment Act to develop and implement techniques and approaches, and demonstrate the effectiveness of specialized methods, of addressing the employment and training needs of individuals. The Committee encourages the Department to ensure that these projects are coordinated with local boards. Most new awards are subject to competitive requirements, unless projects are funded jointly, with other public or private entities providing a portion of funds. Appropriate time limits are established for projects. Grant applications for over \$500,000 are subject to peer review. The Com-

mittee encourages the Department of Labor to consider project performance, demand for activities or services, and fund utilization in making decisions to continue project investments and to ensure that project performance is adequately documented and evaluated.

The Committee recommendation includes funds to continue those projects, listed below, which were awarded through the Congressionally authorized competition in fiscal year 1999 for meeting the needs of a skilled workforce. The Department is encouraged to take into account project performance and utilization of prior year funding when using these funds.

The Committee recognizes that the hardest to employ individuals have many barriers to employment and need access to a wide range of services, including life skills training, remedial education and occupational training. The Committee understands that with additional funding there may be a number of promising approaches to help those at-risk individuals obtain and retain employment, including more formal replication of the model Argus Learning for Living Program. The Committee further recognizes the importance of the Department's activities to partner with other private and public entities to study these approaches using independent, objective, formal evaluations.

The Committee recommendation includes funding for the continuation of the Samoan/Asian Pacific Island job training program in Hawaii. The funding will be used to conduct targeted outreach in the Samoan community through the Samoan Providers Association [SPA] and for two one-stop job help stores which will provide access to bilingual and vocational education, job training and placement services, and outreach/distribution services in predominately immigrant communities. The Committee appreciates the Department's support of this program, which has been very beneficial.

The Committee recommends continued funding, based on demonstrated performance, for special native Hawaiian vocational education demonstration initiatives that provide basic education skills and preemployment tutoring for high-risk youth residing in rural communities, with an emphasis on vocations that benefit these communities, such as child care workers and teachers.

The Committee continues to recognize that, due to the geographic isolation associated with rural communities in the States of Alaska and Hawaii, disadvantaged populations residing in these areas lack access to skill training programs, education opportunities, and other self-development initiatives which has contributed to the high rates of poverty, unemployment, school dropouts, teen pregnancy, substance abuse, and mental illness.

The Committee recommends continued funding for projects to support training, education, and employment and entrepreneurial opportunities to improve the economic health and welfare of adults on the neighbor islands and Hawaii and in Alaska. In Hawaii, the Committee urges that community colleges be the focal point of these programs. In Alaska, taking into account the rate of fund utilization, the Committee suggests that of the funds provided, 40 percent would be provided to Ilisagvik College in Barrow, AK, 30 percent would be provided to Kawerak, Inc., in Nome, AK and 20 percent to Koahnic Broadcasting, Inc. in Anchorage, AK for continuation or initiation of vocational job training programs for Alaska

Natives and 10 percent to the Yukon-Kuskokwim Health Corporation in Bethel, AK.

The Committee is aware of a request for funding for the Alaska Native Heritage Center to train Alaska Natives as cultural tour guides for the new Native Heritage Center and to create an apprenticeship program for young Native artists to study with established Alaska Native artists-in-residence at the Center. This project will create jobs and cultural awareness for Native youth and will help develop artistic skills and techniques in young Native artists. The Committee is aware of a project to develop joint educational and cultural programs based on China trade patterns among the Alaska Native Heritage Center, the Peabody-Essex Museum in Salem, Massachusetts and the Bishop Museum in Hawaii. Further, the Committee is also aware of funding needs for similar training projects being developed by these two institutions to train area low income youths for jobs as cultural tour guides and in museum operations.

The Committee recommends continued support for the Alaska Federation of Natives Foundation consistent with the goals of the AFN Foundation bylaws, section 13, to develop and train highly skilled Alaska native workers for year-round employment within the petroleum industry in Alaska. The Committee recommends that the Department make these funds available to match contributions under the 1995 Alaska Native Utilization Agreement and that such funds be expended with the advice and consent of the advisory board established under section 9 of the Alaska Native Utilization Agreement.

The Committee recommends continued funding of the Springfield Workforce Development Center in Springfield, Vermont, which is eligible to apply under a competition for financial support. With additional federal funding, this center could demonstrate the use of technology to train highly skilled employees for careers in machine technology, hospitality and travel, financial services and food services.

The Committee recommendation includes funding to conduct projects that demonstrate efficient and effective methodologies, consistent with the Workforce Investment Act, to prepare disenfranchised populations not participating in the U.S. economy with the high skills necessary to work within a high technology economy.

The Labor Department is encouraged to continue and provide technical assistance to the Role Models America Academy demonstration program.

The Committee notes that the Lower Merrimack Valley Regional Employment Board and the Lowell Regional Employment Board are requesting funds for a Department of Labor pilot program to assist welfare recipients gain economic self-sufficiency. Funds would be used to increase the number of child care providers offering services during nontraditional hours, and support individualized transportation options to both the workplace and the childcare provider.

The Committee notes that Jobs for the Future Foundation in Boston, Massachusetts is requesting funds to enable it to study aspects of the implementation of the Workforce Investment Act and

related education and training legislation and to provide periodic reports to the Department of Labor and the workforce investment system. Funds used would complement—and not duplicate—ongoing WIA and related implementation activities.

The Committee is aware of plans by the Urban League of Nebraska, in collaboration with First Data Resources and Xerox, to propose a welfare-to-work pilot program and to seek funds to establish the program. The program hopes to work with 50 to 100 participants, creating jobs paying approximately \$9 per hour.

The Committee is aware of plans to develop a Regional Center for Education and Work at the University of Missouri-St. Louis. The project would support start-up, design, implementation, and testing of a new model for regional resources that unites major teacher preparation and professional development agencies with key labor and business organizations. The Regional Center for Education and Work would represent a unique central resource for workplace skills testing, training, and education.

The Committee recognizes that Focus HOPE, an innovative Detroit based human rights organization with a mission of education and training, is expanding its efforts into the information technology industry. While this expansion will receive some private funding, additional financial assistance from the federal government is also needed to help with the start up of the program.

The Committee understands that the City of San Francisco's Life Learning Academy serves 60 students, ages 14 to 18, who have come into contact with the juvenile justice system. With additional funding, more students could be served. Students participate in rigorous academic and project-based learning. The Academy's curriculum is organized around vocationally oriented themes and activities, including life skills and other programs where students work at a cafe and learn to cook, package and sell food.

The Committee is aware that the National Guard Youth Challenge program has been successful in helping young people obtain job skills and employment, and urges the Department of Labor to collaborate with the Department of Defense in augmenting existing funding. Twelve states are not yet served.

The Committee is aware of that the State of Vermont faces significant challenges providing a sufficient number of skilled workers to serve a growing number of high technology manufacturing companies. Many students discover, late in their high school education, that these jobs require three years of upper level math and science prior to taking a two-year technically oriented college program. Vermont's Learn to Earn program is a business-job training partnership that provides pre-employment counseling to students and parents concerning the courses students will need to take to qualify for these jobs. With additional federal funding, this program could be replicated throughout the state.

The Committee is aware of the South Carolina workforce development project undertaken by Economic Development, Inc. This project will assess the gap between employer skill needs and current and prospective employee skills in a way that goes beyond the education and skills needed for certain jobs, and leads to a strategy which addresses identified training needs through an ongoing public-private partnership.

The Committee is aware that the Collegiate Consortium for Workforce and Economic Development (formerly the Shipyard College) provides workforce training to support economic development initiatives in the Philadelphia region. Federal funding is needed for curriculum and materials, development, establishment of a technology-based distance learning center, development of a new regional computer training academy, and establishment of a transportation-oriented technology delivery system.

The Committee recognizes that historically black colleges and universities (HBCUs) can provide unique and valuable program services to develop and expand long-term education and career employment programs for low-income adults under the Workforce Investment Act and hard-to-employ welfare recipients under the Welfare-to-Work program—particularly single, female-headed families. The Committee is aware that Vorhees College is an example of HBCU's efforts in helping such welfare recipients progress toward self-sufficiency. The Committee encourages the Department of Labor to continue to provide technical assistance to HBCUs to enable them to compete for pilot and demonstration grant opportunities issued by the Department of Labor and to enhance opportunities for them to offer their services to State and local workforce investment boards under the WIA.

The Committee is aware of and supports the innovative and effective efforts of Green Door in Washington, D.C. to coordinate with appropriate local public and private agencies to provide comprehensive services, including job training and placement, to prepare people with severe and persistent mental illness to work and live independently.

The Committee recognizes the outstanding efforts of the George Gervin Youth Center in San Antonio, Texas in successfully training at-risk teenage youth in a variety of highly marketable construction skills and then facilitating the utilization of those young people and skills in the construction of homes for low income families.

The Committee is aware that Jobs for America's Graduates (JAG) is the nation's largest school-to-work system for at-risk and disadvantaged youth. Since its inception nearly twenty years ago, JAG has served 250,000 at-risk youth people. Some 50,000 young people in 800 high schools in twenty-eight states and territories will be enrolled this year. JAG has a 90 percent graduation rate, an overall 80 percent success rate at the end of twelve months of follow-up after leaving school, and thirty percent improvement in employment for this high-risk population. JAG is organized around state affiliates which are the fully authorized and accredited sponsors of the JAG programs in their states. The Committee requests that the Department of Labor consider including within its technical assistance plans to improve the quality of services to disadvantaged youth, the successful activities of Jobs for America's Graduates (JAG) and thus, expand this successful intervention to disadvantaged youth.

The Committee is aware of a proposal from Jefferson State Community College in Alabama to establish a one-stop workforce development center at which targeted employee training, employee skill assessment, job placement and leadership development for strategic economic planning will occur.

The Committee is aware that Peirce College in Philadelphia County operates a Center for the Development of Urban Entrepreneurs. Funds would be used to assist this Center in providing workplace skills, training, and certificate programs to Philadelphia area workers.

The Committee is aware of the job-training activities of the Intertribal Bison Cooperative located in Rapid City, South Dakota related to the reintroduction of bison to native cultures. These efforts are bringing vocational training and work experience to 47 native tribes in a number of areas such as animal husbandry and herd management, meat processing, hide tanning and leather work.

The Committee is aware that Lorain County Community College (LCCC) is proposing a workforce demonstration focused on three regional growth occupations in Northeast Ohio—engineering, information technologies, and allied health. LCCC is proposing to provide greater incentives and access for training as well as career placement through a unique distance learning program that provides opportunities for applied experience and solid linkages to regional employment.

The Committee is aware of a proposal by the Vermont Technical College, University of Vermont, and the Vermont Department of Labor's innovative program that addresses the difficult issue of underemployment by providing Vermonters with the skills they require for jobs in the 21st Century.

The Committee recognizes that the Alaska Works program will train chronically unemployed, unskilled Alaska Natives and other residents of rural Alaska to qualify for the many skilled, well-paid jobs that are expected to be available in Alaska over the next several years. Approximately 13,000 persons are employed in the construction industry in Alaska and there is a need for another 1,000 skilled workers in 1999. Alaska natives are under-represented by over 40 percent in the construction industry in Alaska. The Committee encourages the Alaska Works program to coordinate with State and local workforce investment boards to eliminate this disparity.

The Committee is aware of the need for comprehensive vocational/technical training for youth and adults in the interior region of Alaska to prepare them for existing and emerging jobs in interior Alaska. The Hutchison Career Center is a partnership between the Tanana Valley Campus of the University of Alaska Fairbanks and the Fairbanks North Borough School District. Funding would help to equip and upgrade this training center. When complete, the center is expected to serve 480 high school students and 500 adults, year round, to provide technical training beginning in high school and finishing in one or two years with a certificate or associate in TVC programs located in the same facility.

The Committee is aware of the interest in the Center for Workforce Preparation at the Chamber of Commerce in partnering with the Department of Labor to provide information and best practices to American business—particularly small- and medium-size companies to strengthen active partnerships with local workforce investment systems. If the Chamber of Commerce is successful and funds are provided, the nature of these partnerships could result in active

participation on local workforce investment boards and ultimately, in more employment opportunities for Americans, including welfare recipients and other low-income, low skilled workers.

Right Track Partnerships.—The Administration requested \$75,000,000 for this new competitive grant program under WIA Pilot, Demonstration, and Research authority. The program's goal is intended to prevent economically disadvantaged youth from dropping out of school and to encourage those who already have done so to return to school. However, due to severe budgetary constraints, the Committee recommendation does not include funding for this new program.

Research and evaluation.—The Committee recommends \$9,098,000 to provide for the continuing evaluation of programs conducted under WIA, as well as of federally-funded employment-related activities under other provisions of law.

National Skills Standards Advisory Board.—The Committee recommends \$7,000,000 for the Board to continue the development of voluntary partnerships.

Homeless Veterans Reintegration Project.—The Committee recommends \$10,000,000 for this program assisting homeless veterans to find jobs, \$5,000,000 above the President's request and \$7,000,000 above the fiscal year 1999 level.

Women in Apprenticeship.—The Committee recommends \$1,000,000 to continue the current level of the Women in Apprenticeship and Nontraditional Occupations program. This activity provides technical assistance to employers and unions to assist them in training, placing, and retraining women in nontraditional jobs and apprenticeships.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 1999	\$440,200,000
Budget estimate, 2000	440,200,000
Committee recommendation	440,200,000

The Committee recommends \$440,200,000, the same as the budget request and the same as the fiscal year 1999 appropriation for community service employment for older Americans. The Committee recommends 78 percent of the funds for national sponsors and 22 percent for State sponsors; this is the same percentage distribution as has been required by appropriations law for the past several years. This program, authorized by title V of the Older Americans Act, provides part-time employment in community service activities for unemployed, low-income persons aged 55 and over. It is forward-funded from July to June, and the 2000 appropriation will support the program from July 1, 2000, through June 30, 2001. These funds are to be distributed in the same manner as currently authorized under the Older Americans Act, unless this law is subsequently altered. Current law states that title V funds should be targeted to eligible individuals with the greatest economic need. The Committee believes that within the title V community service employment for older Americans, special attention should be paid to providing community service jobs for older Americans with poor employment prospects, including individuals with a long-term detachment from the labor force, older displaced homemakers, aged

minorities, limited English-speaking persons, and legal immigrants.

The Committee is concerned about alleged program irregularities reported by the Inspector General, attributed to a national sponsor, and notes that appropriate avenues of resolution are being pursued. Currently, grants are awarded annually to sponsoring organizations and agencies on a non-competitive basis. The Committee recommends that if satisfactory resolution of irregularities with a national sponsor is not accomplished, that consideration be given to awarding such grant funds, competitively or through other means, among the other national sponsors, taking into consideration performance and the difficulty in reaching target populations. Implementing such a modification must, however, be sensitive to the need to avoid disruption to program participants in the event of a change in grantee.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 1999	\$360,700,000
Budget estimate, 2000	314,400,000
Committee recommendation	415,150,000

The Committee recommends \$415,150,000, an increase of \$100,750,000 over the budget request and an increase of \$54,450,000 above the 1999 enacted level for Federal unemployment benefits and allowances. These are entitlement funds.

The trade adjustment line item has two activities totaling \$349,000,000 in fiscal year 2000.

The first activity, trade adjustment assistance benefits, provides for special unemployment benefit payments to workers as authorized by the Trade Act of 1974, as amended. For this activity the Committee recommends \$255,000,000. This is an increase of \$43,000,000 above the budget request and an increase of \$37,000,000 above the 1999 comparable level. These funds will permit payment of benefits, averaging \$222 per week, to 37,700 workers for 2000. Of these workers, 24,100 will participate in training programs, receiving benefits for an average of 30.5 weeks. The remaining 9,600 workers receiving benefits will receive training waivers and collect benefits.

The second activity, trade adjustment assistance training, provides training, job search, and job relocation allowances to workers adversely affected by imports. The funding for this activity is also authorized under the Trade Act of 1974, as amended. The Committee recommends \$94,000,000 for this activity. This is a decrease of \$400,000 below the budget request and a decrease of \$300,000 below the 1999 comparable level. These funds will provide services for an estimated 25,600 workers.

For NAFTA activities, \$66,150,000 is provided, in two components.

The first component, NAFTA transitional adjustment assistance benefits, provides for weekly benefit payments to workers affected by imports from Mexico and Canada. These payments are also authorized by the Trade Act of 1974, as amended as a result of the signing of the North American Free Trade Agreement [NAFTA]. The Committee recommends \$29,000,000 for this activity. This is \$21,000,000 more than the budget request and an increase of

\$3,000,000 over the 1999 comparable level and represents the current services funding level.

The second component, NAFTA transitional adjustment assistance training, provides funds for training, job search and job relocation to workers affected by imports from Mexico and Canada. The fiscal year 2000 current services recommendation is \$37,150,000, an increase of \$14,750,000 over the fiscal year 1999 enacted level.

The Administration has not only requested an extension of NAFTA-TAA but also proposed related legislative reforms for programs funded herein. The Committee recommendation is based on the Department's midsession review estimates for the currently-expiring legislation. Resources related to the Administration's legislative proposals will be considered upon enactment of the requested legislation.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 1999	\$3,262,630,000
Budget estimate, 2000	3,506,773,000
Committee recommendation	3,358,073,000

The Committee recommends \$3,358,073,000 for this account. This is \$148,700,000 below the budget request and \$95,443,000 above the 1999 comparable level. Included in the total availability is \$3,161,121,000 authorized to be drawn from the "Employment Security Administration" account of the unemployment trust fund, and \$196,952,000 to be provided from the general fund of the Treasury.

The funds in this account are used to provide administrative grants and assistance to State agencies which administer Federal and State unemployment compensation laws and operate the public employment service.

For unemployment insurance [UI] services, the bill provides \$2,315,958,000. This total includes a regular contingency amount of \$151,333,000 which may be drawn from the "Employment Security Administration" account of the unemployment trust fund. In addition the bill further provides for a second contingency amount should the unemployment workload exceed an average weekly insured claims volume of 2,638,000. This second contingency amount would fund the administrative costs of unemployment insurance workload over the level of 2,638,000 insured unemployed per week at a rate of \$28,600,000 per 100,000 insured unemployed, with a pro rata amount granted for amounts of less than 100,000 insured unemployed.

The unemployment insurance service recommendation provides an increase of \$21,443,000 above the fiscal year 1999 level. The allowance includes \$2,154,625,000 for State operations, a decrease of \$51,500,000 below the budget request. Included in the Committee recommendation is \$39,500,000 for UI integrity and other activities that States determine are essential in the administration of the UI program, a \$19,500,000 increase over the fiscal year 1999 level. The Department shall allocate these funds to the states in the same manner as directed by the Fiscal Year 1999 Conference Report.

Included in the net change for UI is a decrease of \$40,000,000 resulting from the one-time appropriation of this amount in 1999 for Y2K needs.

The Committee encourages the Labor Department to work with the Commonwealth of Pennsylvania, Department of Labor and Industry, to study the financial impact of professional employer arrangements on the Unemployment Compensation Fund.

For the employment service, the Committee recommends \$868,615,000 which includes \$23,452,000 in general funds together with an authorization to spend \$845,163,000 from the "Employment security administration" account of the unemployment trust fund.

Included in the recommendation for the employment service [ES] is \$761,735,000 for State grants, available for the program year of July 1, 2000, through June 30, 2001. This is the same as the budget request and the 1999 comparable level. Also included is \$66,880,000 for national activities, an increase of \$43,300,000 above the budget request and \$7,000,000 above the 1999 comparable level. This increase above the 2000 request level of \$23,580,000 includes an additional \$5,000,000 for processing of the labor certification workload. Also included in the Employment Service recommendation is \$40,000,000 in trust funds for Reemployment Service Grants as part of the overall initiative to begin providing reemployment services for all who need them. This funding is targeted to expanding services to help workers receiving UI benefits obtain the help they need in finding new jobs.

The recommendation includes \$146,500,000 for one-stop career centers, which is \$2,500,000 below the budget request and the same as the 1999 comparable level. This Committee recommendation includes funding which is also part of the overall initiative to begin providing reemployment services for all who need them. It allows for new methods of providing employment and related information through America's Labor Market Information System and the One Stop system recently expanded in the Workforce Investment Act. Activities include a "talking" America's Job Bank for the blind, mobile service centers for sparsely populated areas, and a 1-800 service for easier access to information to upgrade skills.

The recommendation includes \$27,000,000 for part of the President's proposed new Work Incentives Grants program to help persons with disabilities find and retain jobs through the One-Stop Career Center system mandated by the Workforce Investment Act. The \$27,000,000 provided will support systems building grants intended to ensure that one-stop systems integrate and coordinate mainstream employment and training programs with essential employment-related services for persons with disabilities. The Committee has deferred consideration of the remaining \$23,000,000 of the President's request related to work incentive counseling grants, pending authorization for these grants in the Work Incentives Improvement Act currently being considered by Congress.

The Committee is concerned about the current state of the permanent labor certification program. This program, which provides access to needed workers in those cases where a shortage of American workers can be shown, is suffering from a lack of adequate

funding and a significant increase in applications received, which has led to problems in administering the program.

The Department of Labor requested a transfer of the alien labor certification program from the Employment and Training Administration to the Employment Standards Administration, but the Committee rejects this transfer proposal as unnecessary. Instead, the Committee provides an increase of \$5,000,000 over the fiscal year 1999 level and directs the Employment and Training Administration and the States to work diligently to improve the administration of this important program, with the intent of eliminating backlogs.

The Committee agrees that the work opportunity tax credit [WOTC], and the welfare-to-work tax credit provide important resources to create new jobs, particularly for those Americans who would otherwise be dependent on welfare. Therefore, the Committee recommendation includes \$22,000,000 for these initiatives, an increase of \$2,000,000 above the request and fiscal 1999 enacted level to address the backlog of applications.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

Appropriations, 1999	\$357,000,000
Budget estimate, 2000	356,000,000
Committee recommendation	356,000,000

The Committee recommends \$356,000,000 the same as the budget request and a decrease of \$1,000,000 below the 1999 comparable level, for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the black lung disability trust fund, whenever balances in such accounts prove insufficient. The bill anticipates that fiscal year 1998 advances will be made to the black lung disability trust fund.

The separate appropriations provided by the Committee for all other accounts eligible to borrow from this account in fiscal year 2000 are expected to be sufficient. Should the need arise, due to unanticipated changes in the economic situation, laws, or for other legitimate reasons, advances will be made to the needy accounts to the extent funds are available. Funds advanced to the black lung disability trust fund are now repayable with interest to the general fund of the Treasury.

PROGRAM ADMINISTRATION

Appropriations, 1999	\$144,703,000
Budget estimate, 2000	141,050,000
Committee recommendation	149,340,000

The Committee recommendation includes \$103,208,000 in general funds for this account, as well as authority to expend \$46,132,000 from the "Employment Security Administration" account of the unemployment trust fund, for a total of \$149,340,000. This is \$8,290,000 greater than the budget request reflecting the Committee's denial of the Department's proposed transfer of the Alien Certification program from ETA to ESA.

General funds in this account provide the Federal staff to administer employment and training programs under the Workforce In-

vestment Act, the Older Americans Act, the Trade Act of 1974, and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security functions under title III of the Social Security Act and the Immigration and Nationality Act, as amended. Federal staff costs related to the Wagner-Peyser Act in this account are split 97 percent to 3 percent between unemployment trust funds and general revenue, respectively.

PENSION AND WELFARE BENEFITS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1999	\$90,570,000
Budget estimate, 2000	101,831,000
Committee recommendation	99,831,000

The Committee recommendation provides \$99,831,000 for this account, which is \$2,000,000 less than the budget request and an increase of \$9,261,000 over the 1999 comparable level. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 2000.

The Pension and Welfare Benefits Administration [PWBA] is responsible for the enforcement of title I of the Employee Retirement Income Security Act of 1974 [ERISA] in both civil and criminal areas. PWBA is also responsible for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 [FERSA]. PWBA provides funding for the enforcement and compliance; policy, regulation, and public services; and program oversight activities.

The Committee is aware that funding is needed to provide a one time increase to process the new Form 5500 Series report filing for plan year 1999 in the new ERISA Filing and Acceptance System (EFAST) in fiscal year 2000; to expand implementation, including compliance assistance, of health insurance portability and other reforms under new health benefit laws covering private employers; and to provide enhanced research and policy analysis on emerging pension and health care issues.

Funding for the implementation of a new system devoted to processing form 5500 series financial data required under the Employee Retirement Income Security Act will enable employees to submit annual benefit plan reports electronically, reducing the cost, paperwork burden, and enhancing protection of pension funds. The Committee intends for the Internal Revenue Service and the Department of Labor to continue to share the ongoing operating costs of the system in the same manner as under the current system.

PENSION BENEFIT GUARANTY CORPORATION

The Corporation's estimate for fiscal year 2000 includes benefit payments of \$963,373,000, multiemployer financial assistance of \$94,331,000, administrative expenses limitation of \$11,352,000, and services related to terminations expenses of \$153,599,000.

The Pension Benefit Guaranty Corporation is a wholly owned Government corporation established by the Employee Retirement Income Security Act of 1974. The law places it within the Department of Labor and makes the Secretary of Labor the Chair of its Board of Directors. The Corporation receives its income primarily

from insurance premiums collected from covered pension plans, collections of employer liabilities imposed by the act, and investment earnings. It is also authorized to borrow up to \$100,000,000 from the Treasury. The primary purpose of the Corporation is to guarantee the payment of pension plan benefits to participants if covered plans fail or go out of existence.

EMPLOYMENT STANDARDS ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1999	\$315,104,000
Budget estimate, 2000	376,487,000
Committee recommendation	342,787,000

The Committee recommendation includes \$342,787,000 for this account. This is \$33,700,000 less than the budget request and an increase of \$27,683,000 above the 1999 comparable level. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 2000. The bill contains authority to expend \$1,740,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act; the remainder are general funds. In addition, an amount of \$28,676,000 is available by transfer from the black lung disability trust fund. This is the same as the request and \$1,515,000 less than the 1999 comparable level. The Committee recommendation supports the budget request for a new equal pay initiative which will help improve the way businesses pay their employees, and assist in education about the importance of equal pay.

The Employment Standards Administration is involved in the administration of numerous laws, including the Fair Labor Standards Act, the Immigration and Nationality Act, the Migrant and Seasonal Agricultural Workers' Protection Act, the Davis-Bacon Act, the Family and Medical Leave Act, the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act, and the Federal Mine Safety and Health Act (black lung).

The Committee is deeply concerned about the rising instances of child labor in the United States. Although no official estimate exists, studies place the number of illegally employed children in the United States between 300,000 and 800,000. Therefore, the Committee has included full funding for the President's initiative on domestic child labor. Furthermore, the Committee strongly believes that effective enforcement must be a part of any comprehensive strategy to eliminate illegal child labor.

SPECIAL BENEFITS

Appropriations, 1999	\$179,000,000
Budget estimate, 2000	79,000,000
Committee recommendation	79,000,000

The Committee recommends continuation of appropriation language to provide authority to require disclosure of Social Security account numbers by individuals filing claims under the Federal Employees' Compensation Act or the Longshore and Harbor Workers' Compensation Act and its extensions.

The recommendation includes \$79,000,000, the same as the budget request and a decrease of \$100,000,000 below the 1999 comparable level. This appropriation primarily provides benefits under the Federal Employees' Compensation Act [FECA]. The payments are prescribed by law.

The total amount to be available in fiscal year 2000, including anticipated reimbursements from Federal agencies of \$1,923,000,000 is \$2,002,000,000, a decrease of \$23,000,000 below the 1999 comparable level.

The Committee recommends continuation of appropriation language that provides authority to use the FECA fund to reimburse a new employer for a portion of the salary of a newly reemployed injured Federal worker. The FECA funds will be used to reimburse new employers during the first 3 years of employment not to exceed 75 percent of salary in the worker's first year, declining thereafter. Costs will be charged to the FECA fund.

The Committee again includes appropriation language that retains the drawdown date of August 15. The drawdown authority enables the agency to meet any immediate shortage of funds without requesting supplemental appropriations. The August 15 drawdown date allows maximum flexibility for continuation of benefit payments without interruption.

The Committee recommends continuation of appropriation language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA. The Committee concurs with requested bill language to allow the Secretary to use fair share collections to fund capital investment projects and specific initiatives to strengthen compensation fund control and oversight.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 1999	\$1,021,000,000
Budget estimate, 2000	1,014,000,000
Committee recommendation	1,014,000,000

The bill includes authority to obligate \$1,014,000,000 from the black lung disability trust fund in fiscal year 2000. This is a decrease of \$7,000,000 below the 1999 comparable level and the same as the administration request.

The total amount available for fiscal year 2000 will provide \$430,506,000 for benefit payments, and \$50,494,000 for administrative expenses for the Department of Labor. Also included is \$533,000,000 for interest payments on advances. In fiscal year 1999, comparable obligations for benefit payments are estimated to be \$453,725,000 while administrative expenses for the Departments of Labor and Treasury, respectively, are \$50,919,000 and \$356,000. The Committee reiterates its directive to prevent the closing of and to ensure the staffing of black lung field offices.

The trust fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability for such benefits, or when coal mine employment ceased prior to 1970, as well as all administrative costs which

are incurred in administering the benefits program and operating the trust fund.

It is estimated that 63,200 people will be receiving black lung benefits financed from the trust fund by the end of fiscal year 2000. This compares with an estimated 67,000 receiving benefits in fiscal year 1999.

The basic financing for the trust fund comes from a coal excise tax for underground and surface-mined coal. Additional funds come from reimbursement payments from mine operators for benefit payments made by the trust fund before the mine operator is found liable, and advances. The advances to the fund assure availability of necessary funds when liabilities may exceed other income. The Omnibus Budget Reconciliation Act of 1987 continues the current tax structure until 2014.

For the first time, the Committee recommendation includes appropriations bill language providing indefinite budget authority for the payment of all benefits from the Black Lung Disability Trust Fund. This action is taken to ease the program's administration by providing an appropriation tied to outgo rather than receipts, thereby eliminating drawdowns from the next year's budget authority when total trust fund obligations exceed the amount of the current year's budget authority.

The Committee has received the report of the Inspector General of the Department of Labor and the Social Security Administration providing "A Joint Assessment of the Memorandum of Understanding Between the Social Security Administration and the Department of Labor's Employment Standards Administration's Division of Coal Mine Workers' Compensation Program on Handling Part B Black Lung Claims" as specified in the Conference Committee's Report on the fiscal year 1998 Budget. The Committee notes that both agencies have agreed to implement the report's recommendation that DOL and SSA study the feasibility of transferring the entire Part B program to DOL. DOL and SSA are directed to report the results of that study to the Committee, when completed, and to incorporate the results in their subsequent appropriation budget requests.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 1999	\$354,375,000
Budget estimate, 2000	388,142,000
Committee recommendation	388,142,000

The Committee recommendation includes \$388,142,000 for this account. This is the same as the budget request and an increase of \$33,767,000 above the 1999 comparable level. This agency is responsible for enforcing the Occupational Safety and Health Act of 1970 in the Nation's workplaces.

The Committee recommendation includes funding to support the development and implementation of a comprehensive compliance assistance program including outreach and training as critical factors in reducing injuries and illnesses; to provide for the maintenance, replenishment, and investment in the agency's information technology infrastructure; and to bolster resources for targeted en-

forcement programs and support for assumed safety and health coverage at the United States Postal Service.

The Committee is aware of the State of New Jersey's pending application for a Public Employee Occupational Safety and Health Program.

In addition, the Committee has included language to allow OSHA to retain up to \$750,000 per fiscal year of training institute course tuition fees to be utilized for occupational safety and health training and education grants in the private sector.

The Committee retains language carried in last year's bill effectively exempting farms employing 10 or fewer people from the provisions of the act except those farms having a temporary labor camp. The Committee also retains language exempting small firms in industry classifications having a lost workday injury rate less than the national average from general schedule safety inspections. These provisions have been in the bill for many years.

The Committee is very pleased with OSHA's efforts in placing high priority on the voluntary protection programs (VPP) and other voluntary cooperative programs. The agency's work in expanding participation in the programs, and promoting prompt review and processing of applications is particularly noteworthy. In fiscal year 2000 the Committee expects OSHA to continue to place high priority on the VPP, making every effort to ensure 25 percent growth in participation by sites covered under federal OSHA jurisdiction. Cooperative voluntary programs, especially the VPP, are an important part of OSHA's ability to assure worker safety and health and should be administered in conjunction with an effective strong enforcement program.

The Committee has received information that workers who are employed in outdoor occupations are at substantial risk for developing skin cancer from unprotected exposure to sunlight. There is also evidence that sunlight is a major cause for cataracts. The Committee urges the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) to jointly undertake a survey in four varied geographical regions of the country at selected times of the year to determine what instruction, supervision and protection from sunlight exposure for both the skin and eyes is currently provided to workers engaged in outdoor construction, road construction, agricultural activity and the postal service. A timely report of the findings along with recommendations of possible remedial actions is expected.

The Committee recognizes the public health threat facing many categories of outdoor workers as a result of occupational exposure to Lyme disease. The Committee encourages the Occupational Safety and Health Administration to develop appropriate mechanisms to help protect these workers from this occupational health risk.

The Committee also intends that the Office of Regulatory Analysis continue to be funded as nearly as possible at its present level.

MINE SAFETY AND HEALTH ADMINISTRATION
SALARIES AND EXPENSES

Appropriations, 1999	\$215,913,000
Budget estimate, 2000	228,373,000
Committee recommendation	230,873,000

The Committee recommendation includes \$230,873,000 for this account. This is \$2,500,000 more than the budget request and \$14,960,000 more than the 1999 comparable level.

This agency insures the safety and health of the Nation's miners by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, co-operating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

The Committee recommendation includes funding to retool the metal and nonmetal safety and health program for reducing fatalities, injury incidence rates, and miners' overexposures to health hazards; to increase educational and training assistance to the metal/nonmetal mining sector; and to increase Federal sampling for respirable coal mine dust and quartz.

The Committee is aware that the Federal Mine Health and Safety Academy is the only federally funded service academy dedicated solely to promoting miners' safety and health. Although it remains a thoroughly modern facility, the Academy was constructed more than twenty years ago and currently requires physical improvements to bring it up to code and into compliance with the Americans with Disabilities Act. Furthermore, in order for the Mine Safety and Health Administration to continue to provide effective safety and health to a younger generation of miners, the Academy needs to incorporate the most modern technologies, such as electronic learning media, into its education programs. The Committee, recommendation therefore includes increased funding over the budget request for needed physical improvements.

The Committee is aware that the Mine Safety and Health Administration's programs, expertise, and resources are pivotal to the dramatic safety and health progress achieved by the American mining industry. The Committee encourages MSHA to actively engage in exchange of mine safety and health techniques, knowledge, and resources to enhance miners' safety throughout the world.

The Committee commends MSHA for its proactive approach in seeking the root causes of and solutions to persistent problems affecting miners' safety and health. In particular, the Committee is pleased with the agency's work to eliminate black lung disease and silicosis. Miners continue to be diagnosed with these diseases and black lung alone costs the Federal Government more than \$1,000,000,000 annually. Understanding that changes and improvements to the program to protect miners' health are necessary, the Committee strongly urges the agency to continue to implement the recommendations of the Advisory Committee on the Elimination of Pneumoconiosis Among Coal Mine Workers. To that end, the Committee fully funds the administration's request for expansion of the coal dust sampling program, a unanimous recommendation of the Advisory Committee.

Consistent with last year's expectations, the Appropriations Bill strikes the current provision which prohibits funds be used to carry out section 115 of the Federal Mine Safety and Health Act of 1977 or to carry out that portion of section 104(g)(1) of the Act relating to the enforcement of any training requirements, with respect to shell dredging, or with respect to any sand, gravel, surface stone, surface clay, colloidal phosphate, or surface limestone mines.

The Committee commends the good faith actions taken by MSHA to develop final training regulations for the miners working at the above named mines by the end of fiscal year 1999. The Committee is advised that MSHA is on-schedule to promulgate final training regulations, and that MSHA received substantial input from the affected industries, mine operators, workers, labor organizations and other interested parties. The Committee expects that MSHA will continue to work with all parties to ensure successful implementation of the final training regulations. The Committee applauds the efforts of MSHA, the Coalition for Effective Miner Training, employers, labor representatives, and miners for their collective efforts to improve safety and health training for mine workers.

The Committee finds that the Department of Labor's programs promote and protect workers' safety and health throughout the world and make American industry more competitive. Every year, the American mining industry, through cooperative efforts of labor, industry, and the MSHA, becomes safer and more productive. The Committee is pleased that MSHA has an established program to share its expertise and to actively promote mine safety and health globally, as we recommended in last year's report. The Committee continues to encourage the Department's and MSHA's work in this area.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 1999	\$398,870,000
Budget estimate, 2000	420,919,000
Committee recommendation	409,444,000

The Committee includes \$409,444,000 for this account, which is \$11,475,000 less than the budget request and \$10,574,000 more than the 1999 comparable level. This includes \$55,663,000 from the "Employment Security Administration" account of the unemployment trust fund, and \$353,781,000 in Federal funds. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 2000.

The Bureau of Labor Statistics is the principal fact finding agency in the Federal Government in the broad field of labor economics.

The Committee has included \$6,986,000 for the Consumer Price Index revision; this effort should remain the highest priority for the Bureau.

The Committee believes that funds provided under the amended Wagner-Peyser Act for Employment Statistics (formerly known as Labor Market Information) should be available to the states for three years. This is a change from the former Bureau of Labor Statistics practice of making funds available for only one year. The Committee recognizes that it is difficult for states to fulfill the stat-

utory obligation to gather regional statistics due to short-term budgetary allocations. The Committee believes the three year availability would give states greater confidence in relying on long-term, labor market information objectives.

The Committee encourages the Department to consider, as part of its fiscal year 2001 budget submission, changes to the financing of employment statistics (formerly known as Labor Market Information), including three-year availability of funds to the states, consistent with the changes envisioned in the Workforce Investment Act (WIA).

The Committee is concerned that current methods used by the Bureau of Labor Statistics to measure unemployment do not adequately reflect true unemployment figures, as measured by adults capable of working but for whom no jobs exist, in remote communities in Alaska and other isolated locations. The Committee believes that by using methodologies for computing unemployment in cities and suburbs, BLS is seriously undercounting the rates of unemployment in Alaskan villages and in other remote locations. Since many government assistance programs for which these communities might be eligible depend upon unemployment rates, the consequences of this possible undercounting may be severe. The Committee urges the Secretary to develop a plan to adequately measure actual unemployment in such locations and to report its findings in a timely manner.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 1999	\$201,098,000
Budget estimate, 2000	257,654,000
Committee recommendation	247,311,000

The Committee recommendation includes \$247,311,000 for this account, which is \$10,343,000 less than the budget request and \$46,213,000 above the 1999 comparable level. This consists of \$247,001,000 in general funds and authority to transfer \$310,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of \$21,144,000 is available by transfer from the black lung disability trust fund, which is the same as the budget request. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 2000.

The primary goal of the Department of Labor is to protect and promote the interests of American workers. The departmental management appropriation finances staff responsible for formulating and overseeing the implementation of departmental policy and management activities in support of that goal. In addition, this appropriation includes a variety of operating programs and activities that are not involved in departmental management functions, but for which other salaries and expenses appropriations are not suitable.

The program direction and support activity contains \$2,000,000 to update the FMLA Commission Survey to determine the impact of the FMLA on families and businesses. Funds are also in this account to support several Department-wide cross-cutting initiatives

to strengthen program coordination between the Department, employers, employees and other stakeholders.

The Committee intends that the Women's Bureau maintain support at the fiscal year 1997 level for technical assistance and training on displaced homemaker programming through effective programs such as the Women Work Program. This assistance is critical as State and local agencies develop and implement new models for work force development and welfare reform. The Committee recommends \$8,369,000 for the Women's Bureau, an increase of \$567,000 over the fiscal year 1999 level.

The Committee directs the Women's Bureau to analyze data on federal contractors collected over the last two years and to examine wage trends to determine how well federal contractors meet equal employment opportunity requirements, and to identify areas where compensation practices can be improved to ensure pay equity for women and minorities. The report should assess how occupational segregation affects women's and minorities' opportunities for advancement, pay and benefits, including how pay for women in traditional, female-dominated jobs compares to men in traditional male jobs of similar skill, effort, responsibility and working conditions.

The Committee urges the Women's Bureau to continue support at the fiscal year 1999 level for effective organizations such as Women Work! to provide technical assistance and training on displaced homemaker programming.

The Committee recommends the full request of \$2,485,000 for the President's Task Force on Employment of Persons with Disabilities, by providing \$1,400,000 in this account for S&E and other related expenses of the Task Force and \$1,085,000 in the Social Security Administration account for policy research and other activities as needed to support the goals of the Task Force.

The Committee recommendation fully funds the budget request of \$30,000,000 for international child labor activities.

The Committee recognizes the value of the reports completed by the Bureau of International Labor Affairs in recent years documenting the incidence of international child labor in various industries and countries as well as some of the innovative approaches to reduce the use of abusive and exploitative child labor.

The Committee notes the positive work being done by the ILO's International Programme for the Elimination of Child Labor (IPEC), including funds made available to the Secretary of Labor by this Committee to carry out programs to reduce the incidence of child labor. At this time, the Committee believes it is appropriate to review IPEC programs for efficiency and results. The Committee encourages the Department to work with IPEC to do such a review.

Further, the Committee requests that the Bureau undertake a study identifying countries in which abusive and exploitative child labor is prevalent. The Committee urges the Bureau to work from the 1998 report and to make efforts to include countries not analyzed in previous reports. This review should examine the lack of policies and initiatives by relevant foreign governments to reduce the exploitation of children. The study should also include an analysis of the countries' adult unemployment rate, military spending

and social spending to include expenditures on health care and education.

It is the Committee's intent that the Department of Labor continue its work to establish a methodology and format for reporting regularly on the use of sweatshops in the production of apparel for import into the United States. The Department is encouraged to conduct a pilot study to apply its methodology to working conditions in the apparel industry in a limited number of apparel-exporting countries, based on any indicators that have been developed by the Department.

The Committee recognizes the increasing role assigned to the Secretary of Labor in the international arena. This is reflected in part by funding increased foreign technical assistance through a two-pronged initiative, direct and multilateral, at the total level of \$35,400,000. The Committee provides \$10,400,000, the same as the budget request, for increased bilateral technical assistance, through the Department of Labor, to help Labor Ministries develop sustainable, institutionalized capabilities to create and operate social safety net programs and health and safety initiatives. The Committee provides to the Department \$25,000,000, the full amount requested by the Administration, for managing, and operating through the International Labor Organization, a program advancing the capacity of developing countries, Labor Ministries in particular, to oversee, monitor and implement core labor standards.

In general, the increased international role of the Department confers representational responsibilities upon the Secretary, and creates the need for commensurate authority to fulfill ceremonial and protocol standards. Bill language has been included to provide up to \$10,000 in resources for these additional activities, to be drawn from available salaries and expenses appropriation accounts.

The Committee encourages the Department to research job quality in the gambling industry, as measured by income levels, health insurance coverage and affordability, pension benefits, job security and other similar indicators. The Committee believes that the research should include information on gambling jobs in a variety of communities and regions, job quality and availability in the gambling industry, and job quality at casinos.

The Committee retains bill language intended to ensure that decisions on appeals of Longshore and Harborworker Compensation Act claims are reached in a timely manner.

The Committee has provided funding in various accounts to support the Department's efforts to implement three major programmatic cross-cutting initiatives designed to strengthen program coordination between the Department of Labor and employers, employees and constituent groups. These cross-cutting initiatives include: (1) One Stop Outreach to Workers which will allow the Department to offer information to help workers understand their workplace rights and protections and find employment and training programs; (2) One Stop Outreach to Employers designed to offer employers access to information in one location about compliance assistance, safety and health standards and the tools to better understand their rights and responsibilities under DOL programs; and (3) Improving Customer Service with New Technology to provide innovative ways of delivering a new generation of techno-

logical support for employers, employees and other parties interested in obtaining information about the programs administered by the Labor Department. These cross cut programs are to be supported by several Information Technology initiatives to allow the Department to tackle common information technology issues across agencies in a cohesive and consistent manner.

ASSISTANT SECRETARY FOR VETERANS EMPLOYMENT AND TRAINING

Appropriations, 1999	\$182,719,000
Budget estimate, 2000	185,613,000
Committee recommendation	185,613,000

The Committee recommendation includes \$185,613,000 to be expended from the "Employment Security Administration" account of the unemployment trust fund. This is the same as the budget request and \$2,894,000 above the 1999 comparable level.

For State grants the bill provides \$80,215,000 for the Disabled Veterans Outreach Program and \$77,253,000 for the Local Veterans Employment Representative Program.

For Federal administration, the Committee recommends \$28,145,000, an increase of \$2,544,000 over the fiscal year 1999 level. The Committee supports the concept of the Transition Assistance Program administered jointly with the Department of Defense which assists soon-to-be-discharged service members in transitioning into the civilian work force and includes funding to maintain an effective program. The Committee notes the budget request includes \$2,000,000, the same as the fiscal 1999 level, for the National Veterans Training Institute [NVTI]. This Institute provides training to the Federal and State staff involved in the direct delivery of employment and training related services to veterans. The Committee urged that funding for the Institute be maintained, to the extent possible, at the 1999 level.

The recommendation also authorizes the Department of Labor to permit the Veterans' Employment and Training Service [VETS] to also fund activities in support of the VETS' Federal Contractor Program [FTP] from funds currently made available to States for veterans' employment activities.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1999	\$48,500,000
Budget estimate, 2000	55,178,000
Committee recommendation	51,925,000

The bill includes \$51,925,000 for this account, a decrease of \$3,253,000 below the budget request and \$3,425,000 above the 1999 comparable level. The bill includes \$48,095,000 in general funds and authority to transfer \$3,830,000 from the "Employment Security Administration" account of the unemployment trust fund. In addition, an amount of \$318,000 is available by transfer from the black lung disability trust fund. The reduction from the request was necessary due to severe budget constraints facing the Committee in fiscal year 2000.

The Office of the Inspector General [OIG] was created by law to protect the integrity of departmental programs as well as the welfare of beneficiaries served by those programs. Through a com-

prehensive program of audits, investigations, inspections, and program evaluations, the OIG attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness

GENERAL PROVISIONS

General provision bill language is included to:

Prohibit the use of Job Corps funding for compensation of an individual at a rate in excess of Executive Level III (sec. 101), and

Permit transfers of up to 1 percent between appropriations (sec. 102).

TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HEALTH RESOURCES AND SERVICES

Appropriations, 1999	\$4,116,758,000
Budget estimate, 2000	4,141,083,000
Committee recommendation	4,365,498,000

The Committee recommends an appropriation of \$4,365,498,000 for health resources and services. This is \$224,415,000 above the administration request and \$248,740,000 more than the fiscal year 1999 allowance.

Health Resources and Services Administration [HRSA] activities support programs to provide health care services for mothers and infants; the underserved, elderly, homeless; migrant farm workers; and disadvantaged minorities. This appropriation supports cooperative programs in community health, AIDS care, health provider training, and health care delivery systems and facilities.

CONSOLIDATED HEALTH CENTERS

The Committee provides \$1,024,000,000 for the consolidated health centers [CHC's], which is \$99,294,000 above the 1999 level and \$79,000,000 above the administration request for this group of programs, which includes community health centers, migrant health centers, health care for the homeless, and public housing health service grants.

Community health centers

The community health centers provide comprehensive, case-managed primary health care services to medically indigent and underserved populations in rural and urban areas. Of the clients served by community health centers, about 44 percent are children and 66 percent have incomes below the poverty line.

The Committee understands that nearly forty percent of patients served by health centers have no health insurance. The Committee expects that funding increases will be reasonably allocated to increase grant levels for existing grantees (particularly those serving greater numbers of uninsured persons) and to initiate new sites in underserved areas, particularly in rural regions.

The Committee notes the expeditious manner in which HRSA has distributed a substantial portion of the additional resources provided to the health center program in fiscal year 1999 and with the use of a funding methodology that targets these funds to centers with the highest burden of uninsured patients. The Committee encourages that new funding made available in fiscal year 2000 be given to stabilizing existing health centers and to enlarging exist-

ing health centers to serve the needs of communities without access to primary and preventive care.

The Committee does not set aside any additional appropriations for loan guarantee authority under Section 330(d) of the Public Health Service Act. The Committee intends that loan guarantee authority made available from the \$6,000,000 allocations in both fiscal year 1997 and fiscal year 1998 continue to be available for guarantees of both loan principal and interest; intends that guarantees for managed care plans be at 100 percent of the amount of the loan and interest amount approved; and notes that nothing in section 330(d) specifies that a lesser percentage is required or appropriate. The Committee encourages the Secretary to examine the feasibility of a pooling approach to allow HRSA to issue direct guarantees rather than depend upon indirect guarantees to non-Federal lenders. The Committee continues to encourage the agency to make all necessary efforts to make loan funds available to qualified applicants and to expedite the processing of applications.

The Committee is concerned about the low number of centers in rural areas where shortages of health professionals are the greatest. The Committee encourages the agency to place appropriate priority on applications for new centers on rural areas which fall within the service area of an existing center but where no satellite clinic has been established.

The Committee repeats bill language from previous years limiting the amount of funds available for the payment of claims under the Federal Tort Claims Act to \$5,000,000.

Within the consolidated health center line, sufficient funds have been provided to support the activities intended to reduce health disparities among ethnic/racial groups with high rates of adverse health outcomes.

It has been brought to the Committee's attention that there is no community health center on the island of Kauai in the State of Hawaii. The neighbor islands of Hawaii are extraordinarily rural in nature and have unique and pressing health care needs. Kauai has a population with the high uninsured and poverty rates, with approximately one of out of seven residents who are uninsured and nearly one of three living below the poverty level. Without public health clinics that provide primary care, the medically indigent on Kauai are dependent upon charity care and cannot afford to travel to Oahu for regular treatment. Furthermore, there are clusters of Native Hawaiians on Kauai in particular need of culturally sensitive care including those from the island of Niihau. Accordingly, the agency is strongly urged to begin the planning process for establishing a Kauai center, and should capitalize upon the evolving telehealth network within the state. The existing community college system is another asset that could be developed for health professional training in association with a new community health center.

The Committee understands that the agency has funded the Hui and encourages continued and increased support to address the unique health care needs of Hawaii's underserved population. Native Hawaiian indigenous populations continue to experience significant health problems, including asthma and diabetes. The Committee urges HRSA to implement a program under which the sys-

tematic utilization of native Hawaiian health expertise may effectively impact the health status in these populations. The Committee recommends that community health centers serve as a safety net for this program, utilizing nurse practitioners and psychologists as care providers for these underserved populations.

Funds are available to continue the demonstration project by the Utah area health education centers. The project seeks to show if these centers' support to primary care residencies in states with one regional health science center and medical school will improve access of health services to rural and underserved populations. The project also seeks to establish cooperation between a state council of medical education and a Utah AHEC program to support primary care residencies and participation by residents in those programs at remote and frontier sites.

The Committee notes the high prevalence of hepatitis C (HCV) in the low income communities served by Community Health Centers (CHC). The Committee urges adequate funding to permit CHCs to train their medical personnel on the risks and treatment protocols for HCV as well as resources for culturally appropriate educational materials for CHC clientele.

The Committee is aware of the effort by East Tennessee State University to undertake a project in rural Appalachian Kentucky, Tennessee and Virginia to improve access to cancer prevention, screening, diagnosis, treatment, and continuity of care through the mobilization and coordinated use of community and regional health care resources.

The Committee is aware that the Burlington Community Health Center is expanding to meet the growing health care needs of residents of the New North End, Vermont's only designated enterprise community. The Committee encourages HRSA to aid its efforts to expand.

The Committee is aware of the proposal by the East Liberty Family Health Care Center of Pittsburgh, Pennsylvania, to initiate services to the medically underserved region of Pittsburgh's eastern section. The agency is encouraged to identify steps that would assist this entity attain its operational goals.

The Committee is further aware of the proposal by the Family Practice Center of Casper, Wyoming, to enhance health delivery to rural residents in the area.

The Committee is aware of the effort to establish a demonstration program with Missouri's community health centers to increase access to oral health care.

The Committee is also concerned that regulations and application procedures currently governing distribution of community health center funds are preventing remote rural areas in states like Alaska and Hawaii from applying for and receiving funding for health centers despite severe shortages of health professionals and great need. For example, the Committee understands that in fiscal year 1998, community health centers in Alaska received only \$3,400,000 out of a national fund of approximately \$900,000,000. The Committee urges the agency to give appropriate priority to locating new health centers in such remote communities and to developing a flexible approach to working with Native health pro-

viders and other similar groups to help meet the health needs of low income persons living in extremely remote locations.

The Committee is aware of a proposal from Healthy Springfield 2000 in Springfield, Illinois to establish a community health center to serve the area's low income and uninsured populations. The Committee encourages the agency to work with the local sponsor on this important project.

The Committee is aware of the efforts by the Community Medical Centers of Fresno, California, toward initial development of an ambulatory care system to serve migrant and indigent populations in central California. This area is encountering chronic, double-digit unemployment, a Medicaid eligibility level that is twice the state average, and significant numbers of individuals who are severely medically underserved.

Migrant health centers

The program helps provide culturally sensitive comprehensive primary care services to migrant and seasonal farm workers and their families. Over 80 percent of the centers also receive funds from the community health centers program.

Health care for the homeless

The program provides project grants for the delivery of primary health care services, substance abuse services, and mental health services to homeless adults and children. About one-half of the projects are administered by community health centers. The other one-half are administered by nonprofit coalitions, inner-city hospitals, and local public health departments.

It has been brought to the Committee's attention that the Department may be developing a regulation to revise the process for designating health professions shortage areas and medically underserved populations. Recognizing the adverse impact of residential instability and poverty on access to health care, the Committee urges the department to consider designating homeless persons, migrant and seasonal farm workers, as medically underserved populations. The Committee further urges the Department to take steps to make health services provided by the department as fully accessible as possible to persons experiencing homelessness.

Public housing health service grants

The program awards grants to community-based organizations to provide case-managed ambulatory primary health and social services in clinics at or in proximity to public housing. More than 60 percent of the programs are operated by community health centers.

Native Hawaiian health care

The Committee again includes the legal citation in the bill for the Native Hawaiian Health Care Program. The Committee has included funding for the consolidated health centers line so that health care activities funded under the Native Hawaiian Health Care Program can be supported under the broader community health centers line. The Committee expects that not less than \$5,000,000 be provided for these activities in fiscal year 2000.

The purpose of this activity is to improve the health status of native Hawaiians by making primary care, health promotion, and disease prevention services available through the support of native Hawaiian health systems. Services provided include health screening, nutrition programs, and contracting for basic primary care services. This activity also supports a health professions scholarship program for native Hawaiians.

The Committee continues to support the concept of malama. This innovative, culturally sensitive community partnership program addresses the prenatal needs of minorities in rural Hawaii. The Committee encourages the HRSA to support the replication of this project to include teen pregnancies. The ever increasing epidemic of teen pregnancy makes the maximum utilization of effective strategies a necessity.

The Committee is supportive of the efforts by the Papa Ola Lokahi organization of Hawaii to advance the health care needs of native Hawaiians. The Committee is further aware of the special health care needs of Hana, Maui. Its geographical isolation and the unique culture of its inhabitants presents a challenge for the improvement of the health of native Hawaiians. The agency is encouraged to identify steps with the Papa Ola Lokahi to assist this community address those needs.

The Committee encourages the agency to establish a demonstration project in Hawaii to develop an integrated health and social services model, to include traditional healing, prevention, and disease management, that addresses the disparities in health status and barriers to accessing health and social services among native Hawaiians and other minority populations at the Waimanalo Health Center.

The Committee encourages the development of a Center of Excellence for Indigenous Health and Healing at the University of Hawaii School of Public Health and on other schools serving a large population of native peoples including American Indians, Alaska Natives, native Hawaiians and Pacific Islanders to incorporate traditional medicine and healing practices into their training for medical, nursing, social work, psychology, and public health students. The Committee encourages HRSA, CDC, and SAMSHA to support this effort in their grants by including traditional practitioners as providers of care where there are native and indigenous people residing in the service area of the grantee.

National Health Service Corps: Field placements

The Committee provides \$36,997,000 for field placement activities, which is \$235,000 below the 1999 level and the same as the administration request. The funds provided for this program are used to support the activities of National Health Service Corps obligors and volunteers in the field, including travel and transportation costs of assignees, training and education, recruitment of volunteers, and retention activities. Salary costs of most new assignees are paid by the employing entity.

National Health Service Corps: Recruitment

The Committee provides \$78,166,000 for recruitment activities, which is \$25,000 above the 1999 level and the same as the admin-

istration request. This program provides major benefits to students (full-cost scholarships or sizable loan repayment) in exchange for an agreement to serve as a primary care provider in a high priority federally designated health professional shortage area. The Committee reiterates its intention that funds support multiyear, rather than single-year, commitments.

The Committee urges the program to increase the level of services to medically underserved rural communities and areas. These areas are consistently in need of the kinds of services and care that NHSC professionals provide.

The Committee again intends that \$3,000,000 of funds appropriated for this activity be used for State offices of rural health. The Committee continues to be concerned about possible overlap and duplication between primary care offices [PCO's] supported in every State through the health centers appropriation and State offices of rural health [SORH's] supported in each State through the National Health Service Corps appropriation. While some required activities are exclusive to one program or another, the majority are similar. These include assessment of need for health services and available resources, targeting areas of unmet need, site and community development, technical assistance, and training. The Committee reiterates its recommendation that HRSA encourage States to create agreements between each State's PCO and SORH delineating joint and separate activities and promoting collaboration to the satisfaction of program officials.

The Committee encourages the National Health Service Corps to support a demonstration project aimed at expanding and integrating the services of behavioral and mental health professionals, including psychologists, with other health services. The Committee intends that this program be targeted at underserved urban and rural areas through community health centers, with particular attention focused on the mental health problems created by the current farm crisis.

The Committee recognizes the importance of increasing health care availability in underserved areas. Illinois, while the fifth largest producer of medical professionals, also has the fourth largest number of underserved areas. The Committee encourages the NHSC to expand the number of SEARCH grantees so as to include other underserved areas such as those served by the Illinois Primary Health Care Association and their partners.

HEALTH PROFESSIONS

For all HRSA health professions programs, the bill includes \$226,916,000, which is \$75,000,000 less than the fiscal year 1999 appropriation and \$24,778,000 less than the overall administration request for these programs.

The Committee recommends consolidated funding for programs authorized under titles VII and VIII programs.

The following clusters and their associated programs are included in this consolidated account:

A. Cluster for workforce information and analysis

Health professions data and analysis

This program supports the collection and analysis of data on the labor supply in various health professions and on future work force configurations.

Research on certain health professions issues

This program supports research on the extent to which debt has a detrimental effect on students entering primary care specialties; the effects of federally funded education programs for minorities attending and completing health professions schools; and the effectiveness of State investigations in protecting the health of the public. The Committee reiterates its support for the three centers for health professions research that are current grantees.

B. Training for diversity cluster

Centers of excellence

This program was established to fund institutions that train a significant portion of the Nation's minority health professionals. Funds are used for the recruitment and retention of students, faculty training, and the development of plans to achieve institutional improvements. The institutions that are designated as centers of excellence are private institutions whose mission is to train disadvantaged minority students for service in underserved areas. Located in poor communities and usually with little State funding, they serve the health care needs of their patients often without remuneration. The Committee is pleased that the agency has refocused the minority centers of excellence program on providing support to historically minority health professions institutions.

The Committee urges the agency to consider establishing at least one center for excellence focused on training Alaska Natives as community health aides to serve as sole community health providers in remote Alaska Native villages across Alaska.

Health careers opportunity program

This program provides funds to medical and other health professions schools for recruitment of disadvantaged students and preprofessional school preparations. The Committee is pleased that HRSA has given priority consideration for grants to minority health professions institutions, and recommends that grant review committees have proportionate representation from these institutions.

The Committee has been supportive of this program's critical role in improving the health status of minority and disadvantaged citizens by increasing available opportunities for those individuals seeking a health professions career. The Committee understands that minority providers are more likely to serve in underserved areas. The program has recognized the contribution of historically minority health professions schools, and have supported those institutions which have made the greatest contribution to increasing the number of minorities in health professions careers.

Faculty loan repayment

This program provides for the repayment of education loans for individuals from disadvantaged backgrounds who are health professions students or graduates, and who have agreed to serve for not less than 2 years as a faculty member of a health professions school.

Scholarships for disadvantaged students

This program provides grants to health professions schools for student scholarships to individuals who are from disadvantaged backgrounds and are enrolled as full-time students in such schools. The Committee continues to intend that all health professions disciplines made eligible by statute be able to participate in the scholarships program.

The Committee continues to recognize the importance of training greater numbers of psychologists and other health professionals from disadvantaged backgrounds to participate on interdisciplinary primary care teams addressing a range of behavioral and mental health needs.

C. Cluster for training in primary care medicine and dentistry

The administration proposes to terminate the programs within this cluster, however, the Committee intends that the programs receive funding from the consolidated appropriations allocated for fiscal year 2000 in proportion to the amount provided in fiscal year 1999, relative to the other health professions accounts. With the continued need for primary care throughout the country, the Committee believes these programs serve an important role in maintaining the country's public health infrastructure.

Family medicine training

Family medicine activities support grants for graduate training in family medicine, grants for predoctoral training in family medicine, grants for faculty development in family medicine, and grants for the establishment of departments of family medicine. The Committee reiterates its support for this program and recognizes its importance in increasing the number of primary care physicians in underserved areas.

General internal medicine and pediatrics training

This program provides funds to public and private nonprofit hospitals and schools of medicine and osteopathic medicine to support residencies in internal medicine and pediatrics. Grants may also include support for faculty.

Physician assistants

This program supports planning, development, and operation of physician assistant training programs.

General dentistry and pediatric dental residencies

This program assists dental schools and postgraduate dental training institutions to meet the costs of planning, developing, and operating residency training and advanced education programs in

general practice of dentistry and funds innovative models for postdoctoral general dentistry and pediatric dentistry.

The Committee continues to recognize the importance of training greater numbers of psychologists and other health professionals from disadvantaged backgrounds to participate on interdisciplinary primary care teams addressing a range of behavioral and mental health needs.

D. Cluster for public health workforce development

The administration proposes to terminate the programs within this cluster, however, the Committee intends that the programs receive funding from the consolidated appropriations allocated for fiscal year 2000 in proportion to the amount provided in fiscal year 1999, relative to the other health professions accounts. With the continued need for public health training throughout the country, the Committee believes these programs serve an important role in maintaining the country's public health infrastructure.

Public health and preventive medicine

This program supports awards to schools of medicine, osteopathic medicine, public health, and dentistry for support of residency training programs in preventive medicine and dental public health; and for financial assistance to trainees enrolled in such programs.

The Committee encourages the increase of residency training opportunities in dental public health so that Federal, State, and community-based programs have the leadership capabilities to prevent dental disease, promote oral health, and improve treatment outcomes.

Health administration traineeships and special projects

This program provides grants to public or nonprofit private educational entities, including schools of social work but not schools of public health, to expand and improve graduate programs in health administration, hospital administration, and health policy analysis and planning; and assists educational institutions to prepare students for employment with public or nonprofit private agencies.

E. Cluster for interdisciplinary, community-based linkages

Area health education centers

This program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: Core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding. The Committee intends that adequate funding be provided to the area health education centers [AHEC] grant program since AHEC's are an important component of the Federal/State partnership in addressing rural health issues.

The Committee encourages the development of a training curriculum on chronic fatigue and associated illnesses for health care providers in practice and in training. Such a curriculum holds sig-

nificant potential in improving the detection, diagnosis, treatment, and management of CFIDS patients.

The Committee continues to support the WAMI medical educational consortium for eligible residents of the States of Washington, Alaska, Montana, and Idaho. The program seeks to establish rural training programs for medical students and telecommunication links between participating centers. The Committee expects the agency and the AHEC program to work with the consortium and to grant full and fair consideration for the concepts advanced by WAMI.

It has been brought to the attention of the Committee that the program has been emphasizing physical health needs, while more could be done in addressing behavioral and mental health needs. The Committee encourages the Bureau to train more behavioral and mental health professionals in the AHEC program.

It has been brought to the Committee's attention that recent legislation requires a 50/50 local-Federal match for all AHEC grants. However, this formula may be unnecessarily disruptive to current AHEC grantees who received funding prior to the enactment of the reauthorization. The Committee urges the agency to hold harmless all AHEC grants that were active prior to the reauthorizing legislation.

Border health training centers

These centers provide training to improve the supply, distribution, and quality of personnel providing health services in the State of Florida or along the border between the United States and Mexico and in other urban and rural areas with populations with serious unmet health care needs.

Allied health advanced training and special projects

The Committee expects this program to continue to support schools or programs with projects designed to plan, develop, or expand postbaccalaureate programs for the advanced training of allied health professions; and provide traineeships or fellowships to postbaccalaureate students who are participating in the program and who commit to teaching in the allied health profession involved. The administration requested termination of funding. This program also provides funds to expand existing training programs or develop new ones, recruit individuals into allied professions with the most severe shortages or whose services are most needed by the elderly, and increase faculty recruitment and education, and research.

The Committee intends that the program receive funding from the consolidated appropriations allocated for fiscal year 2000 in proportion to the amount provided in fiscal year 1999, relative to the other health professions accounts. It has been brought to the Committee's attention that shortages of allied health personnel exist in medically underserved and rural communities, especially those who assist the elderly. The Committee understands that a workforce database is being developed that could detail the extent of these shortages. The Committee continues to recommend that the agency continue to play a role in partnership with state govern-

ments and private institutions in raising the number of allied health professionals.

The Committee continues to encourage HRSA to give priority consideration to those projects for schools training allied health professionals experiencing shortages, such as medical technologists and cytotechnologists.

It has been brought to the Committee's attention that there is a lack of trained health professionals in Nevada. Given the large increase in Nevada's population, especially the elderly, the Committee encourages the agency to contribute technical assistance to the University of Nevada at Reno and Las Vegas toward the establishment of educational channels for a school of pharmacy.

Geriatric education centers and training

The Committee expects this program to continue to support grants to health professions schools to establish geriatric education centers and to support geriatric training projects. The administration requested termination of funding. These centers and geriatric training programs play a vital role in enhancing the skill-base of health care professionals to care for our Nation's growing elderly population. The Committee is concerned about the shortage of trained geriatricians and urges the agency to give priority to building the work force necessary to care for the Nation's elderly.

Quentin N. Burdick program for rural health interdisciplinary training

This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offers clinical training experiences in rural health and mental health care settings to expose students to rural practice.

The Committee notes its continuing support for the rural interdisciplinary training program designed to improve access to health care and health professionals in rural areas and has included sufficient funds to maintain this program at current levels. The Committee expects that this program will continue its current levels of support for addressing the issue of how the delivery of chiropractic health care can be enhanced in rural areas, and how more women and minorities can be recruited as chiropractic health care practitioners in rural areas.

The Committee also urges the bureau to consider implementation of telecommunications and telehealth initiatives for providing distance education and training for nurses, community health aides, and other health professionals serving rural areas.

Podiatric primary care training

The program provides grants to hospitals and schools of podiatric medicine for residency training in primary care. In addition to providing grants to hospitals and schools of podiatric medicine for residency training in primary care, the program also permits HRSA to study and explore ways to more effectively administer postdoctoral training in an ever changing health care environment.

Chiropractic demonstration grants

The program provides grants to colleges and universities of chiropractic to carry out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment of spinal and lower back conditions. The Committee recommends that the program be continued and funded at current levels.

*F. Cluster for nursing workforce development**Advanced nurse education*

This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

Nurse practitioner/nurse midwife education

This program supports programs preparing nurse practitioners and nurse midwives to effectively provide primary health care in settings such as the home, ambulatory, and long-term care facilities, and other health institutions. These professionals are in especially short supply in rural and underserved urban areas.

Professional nurse traineeships

Traineeships fund registered nurses in programs of advanced nursing education, including preparation for teaching, administration, supervision, clinical specialization, research, and nurse practitioner and nurse midwife training.

Nurse anesthetist traineeships

Grants are awarded to eligible institutions to provide traineeships for licensed registered nurses to become certified registered nurse anesthetists [CRNA]. The program also supports fellowships to enable CRNA faculty members to obtain advanced education.

Basic nurse education and practice

Authorized by Public Law 105–392, the goal of this program is to improve the quality of nursing practice. Activities under this program will initiate new projects that will change the educational mix of the basic nursing workforce and empower the workforce to meet the demands of the current health care system.

The Committee encourages the agency to consider a demonstration project to determine the health outcomes of clients utilizing nurse-managed centers, and the impact and relevancy of these findings to the overall health care system. The Committee notes the Regional Nursing Centers Consortium of Philadelphia is especially well suited to conducting such a demonstration.

Nursing workforce diversity

The goal of this program is to improve the diversity of the nursing workforce through increased educational opportunities for individuals from disadvantaged backgrounds. Such diversity in the nursing workforce enables the health care system to deliver more culturally appropriate and sensitive care in disadvantaged neighborhoods.

Graduate medical education payments to children's hospitals

The administration proposed \$40,000,000 for a new program that would disburse payments to hospitals dedicated to the medical care of children. Such payments are intended to support training of resident physicians involved in pediatric care. The administration has submitted authorizing legislation to the relevant committees of the Congress. The Committee has deferred funding of this proposal, pending action by the authorizing committees of Congress.

OTHER HRSA PROGRAMS

Hansen's disease services

The Committee has included \$17,282,000 for the Hansen's Disease Program, which is \$4,381,000 below the 1999 level and the same as the administration request. The agency is implementing the transfer of the Carville facility to the State of Louisiana, the moving of the center to another location within Louisiana, paying yearly stipends to residents who choose to live independently, and restructuring overall operations. The Committee has provided funding for the payment to Hawaii as a separate line item.

Maternal and child health block grant

The Committee recommends \$695,000,000 for the maternal and child health [MCH] block grant. This is \$223,000 over the fiscal year 1999 level and the same as the administration request.

The MCH block grant funds are provided to States to support health care for mothers and children. According to statute, 12.75 percent of funds over \$600,000,000 are used for community-integrated service systems [CISS] programs. Of the remaining funds, 15 percent is used for special projects of regional or national significance [SPRANS] while 85 percent is distributed on the same percentage split as the basic block grant formula.

The Committee has transferred funding previously included within SPRANS for the traumatic brain injury State demonstration projects to the critical care cluster.

The Committee encourages the bureau to utilize SPRANS funds to support the proposal, family initiatives in children's health centers, to be administered by families for children with special health care needs. Affiliated with a family-run national technical assistance center and three regional technical assistance centers, this proposal provides health care information and education for families of children with special health care needs to assure that families receive timely and accurate information to make informed decisions about their children's unique health care needs. Under this proposal, the national center will collect information from the family-run centers to monitor health access, delivery, and financing for children with special health care needs and act as an information clearinghouse for the State-based centers.

Within the funds provided, the Committee encourages the availability and accessibility of newborn screening services to apply public health recommendations for expansion of effective strategies including screening for fetal alcohol syndrome/fetal alcohol effect. HRSA, in collaboration with the Centers for Disease Control and Prevention [CDC] and the National Institutes of Health [NIH], is

encouraged to develop and implement a strategy for evaluating and expanding newborn screening programs, pilot demonstration projects, and the use of contemporary public health recommendations on specific conditions, such as cystic fibrosis and the fragile X syndrome. If implemented, the Committee directs that tangible steps be taken to protect patient privacy and to avert discrimination based upon information derived from the screenings.

Within the funds provided, HRSA is encouraged to consider a service demonstration to develop a targeted initiative for prenatal providers to better screen at-risk alcohol-using pregnant women in order to reduce their alcohol use during pregnancy and to refer them to alcohol treatment services.

HRSA is also encouraged to consider a service demonstration to develop new programs for use by prenatal providers in Native communities to screen pregnant women for alcohol use during pregnancy and to refer them to alcohol treatment services. The Committee notes that Alaska has the highest rate of fetal alcohol syndrome in the nation.

The Committee has been pleased with the Bureau's efforts in responding to the joint effort with the NIH's Child Health Institute in the Back to Sleep Campaign for sudden infant death syndrome, and by continuing to focus on outreach to underserved populations. The MCH Bureau is also commended for establishing the SIDS program support center as recommended by the nationwide survey of sudden infant death services in conjunction with the Sudden Infant Death Syndrome Alliance and encouraged to continue the research and data collection this center has begun.

The Committee reiterates its support for childhood vision screening as a cost-effective public health activity. Within the allocation, the Committee encourages the agency to initiate implementation of screening efforts, including grants to States.

Dental caries (tooth decay) is one of the most common health problems among children, and fluoridation has proven to be the single most cost-effective preventive measure. It is estimated that Medicaid spends significantly more per child to care for a child's teeth in nonfluoridated areas compared to districts whose water supply is fluoridated. The Committee reiterates its support for implementation of enhanced fluoridation efforts, particularly in underutilized areas of the country, and intends that an amount no less than that expended last year by the agency be used for those States with fluoridation levels below 25 percent to allow them to develop implementation plans for increased fluoridation.

It has been brought to the Committee's attention that dental sealants are an effective preventive measure against tooth decay. For children in low income families, sealants form the basis for an effective oral health intervention. The Committee urges the bureau to establish, with the funds provided to the block grant, a multistate demonstration to support models of preventive care for underserved rural and inner city children. The Committee would urge that such an initiative include community and school-based linkages and notes that the program currently being implemented by the University of Florida college of dentistry could be a model for consideration and replication.

The Committee also urges the bureau to establish an additional single-state demonstration project in a non-contiguous state to support models of preventive dental care, including use of sealants, focused on underserved rural and Native populations. The Committee urges that such an initiative include Native health organizations and community health center linkages and notes that the Alaska Department of Health and Social Services has proposed a similar program.

The Committee recognizes the important role of hemophilia treatment centers in the prevention and treatment of the complications of hemophilia. Funds are available to maintain support for these centers in order to sustain their treatment outreach to persons with hemophilia and ensure their participation with CDC and FDA on blood safety surveillance and patient notification efforts.

The Committee is pleased with the role that HRSA's Office of Adolescent Health is playing regarding promotion of mental health and substance abuse treatment services for adolescents in the primary health care setting. In particular, the Committee is interested in the collaborative activity between the Office of Adolescent Health and the three Centers of Substance Abuse and Mental Health Services Administration that explores and examines health services delivery models which will enhance access to and effective utilization of mental health and substance abuse treatment services by children, adolescents, and their families. The Committee encourages that this activity be expanded to include a set of evaluated demonstration projects.

The Committee also values the initiative, Mental Health in Schools, and encourages that the state level partnerships be expanded and the technical assistance, training and resource centers continue their work with educators and health care professionals.

The Committee encourages the Office of Adolescent Health to take action on the recommendations made at the 1998 Health Futures of Youth II Conference, and is pleased that an initiative is planned that promotes healthy developmental transitions from childhood to adolescence. The Committee further encourages collaboration with the Administration on Children, Youth and Families.

It has been brought to the Committee's attention that in fiscal year 1999 the Maternal and Child Health Bureau intends to reduce its support for investigator-initiated studies in developmental and behavioral research. The Committee encourages the HRSA Administrator to involve the scientific community in its deliberations concerning the future of this research program and to make any appropriate redetermination in the support level.

The Committee encourages the development of a comprehensive demonstration of national significance to address the disparity in health status among Native Hawaiians and other minority populations by expanding integrated perinatal service models that are culturally appropriate in meeting the perinatal health care needs of the diverse population groups in Hawaii. The Committee urges collaboration between HRSA, CDC, SAMHSA, NIH, and other appropriate agencies to develop this project.

The Committee is pleased at the progress that has been made to provide newborn screening for hearing loss and believes that

screening would be a judicious use of block grant funds. Such screening can be performed at minimal cost and can prevent significant health and education costs for children.

The Committee is aware of a proposal by an organization, Vision Research, to initiate vision screening among school aged children at a wider scale, using advanced ocular screening technology.

Healthy start initiative

The Committee recommends \$110,000,000 for the healthy start infant mortality initiative. This amount is \$5,033,000 over the fiscal year 1999 amount and \$5,000,000 over the administration request.

The healthy start initiative was developed to respond to persistently high rates of infant mortality in this Nation. The initiative was expanded in fiscal year 1994 by a special projects program, which supported an additional seven urban and rural communities to implement infant mortality reduction strategies and interventions.

The program is currently undertaking the replication phase started in fiscal year 1998. This phase will replicate and disseminate aspects of perinatal care found to be successful by projects during the demonstration phase.

The Committee is pleased with the achievements of the healthy schools, healthy communities initiative which has been particularly effective in providing comprehensive school-based, school-linked, family centered, community based primary care to approximately 24,000 children.

Universal newborn hearing screening and early intervention

The Committee provides \$4,000,000 for universal newborn hearing screening and early intervention activities, which is the same as the administration request. This is a new program for fiscal year 2000. The Committee understands that screening technology has enabled health providers to conduct accurate, cost-efficient newborn hearing screenings prior to hospital discharge. By detecting newborn hearing deficiencies, health providers can implement necessary treatment to the infant and advice to affected family members. Funds provided will support grants to states to: develop and expand statewide screening programs; link screening programs with community-based intervention efforts; monitor the impact of early detection and intervention activities; and provide technical assistance.

Organ procurement and transplantation

The Committee provides \$10,000,000 for organ transplant activities. This is the same as the administration request and \$3,000 more than the fiscal year 1999 appropriation.

The Committee considers increasing the supply of organs, particularly livers, available for voluntary donation to be a top public health priority. Last year the Committee doubled the administration request to catalyze an aggressive, nationwide effort to improve public awareness and educate health care providers.

These funds support a scientific registry of organ transplant recipients and kidney dialysis patients, and the National Organ Pro-

curement and Transplantation Network to match donors and potential recipients of organs. A portion of the appropriated funds may be used for education of the public and health professionals about organ donations and transplants, and to support agency staff providing clearinghouse and technical assistance functions. The Committee encourages the agency to establish linkages with state and federal transportation officials to improve coordination of donation following vehicular accidents.

To increase the rate of organ donation, the Committee urges increased behavioral research to better target and increase the effectiveness of public awareness campaigns.

The Committee is aware of the proposal by the University of Alabama at Birmingham to conduct research on measures that could increase the number and quality of organs obtained from donors.

The Committee considers increasing the supply of organs, particularly livers, available from voluntary donations to be a top public health priority and expects that funds be committed to those activities having the greatest demonstrable impact on donation rates.

Health teaching facilities interest subsidies

The Committee recommends \$150,000 for interest subsidies for three health professions teaching facilities. This is the same as the administration request and the fiscal year 1999 appropriation. This program continues support of interest subsidies and loan guarantees for two loans for construction of health professions teaching facilities under a now discontinued Public Health Service Act authority. The remaining Federal commitment on these loans will expire in the year 2004.

National bone marrow donor program

The Committee has included \$18,000,000 for the national bone marrow donor program. This is the same as the administration request and \$6,000 above the fiscal year 1999 level. The National Bone Marrow Donor Registry is a network, operated under contract, that helps patients suffering from leukemia or other blood diseases find matching volunteer unrelated bone marrow donors for transplants. The program also conducts research on the effectiveness of unrelated marrow transplants and related treatments.

Rural health outreach grants

The Committee recommends \$31,396,000 for health outreach grants. This amount is \$12,000 higher than the fiscal year 1999 level and the same as the administration request. This program supports projects that demonstrate new and innovative models of outreach in rural areas such as integration and coordination of health services and rural telemedicine projects. The Health Care Consolidation Act of 1996 authorized a new rural network development program intended to develop integrated organizational capabilities among three or more rural health provider entities.

The Committee remains supportive of the effort by Southwest Alabama Network for Education and Telemedicine to build a telemedicine project dedicated to serving rural, poor, and medically underserved communities through a high-speed, community-access telecommunication network.

The Committee is aware of the Montana State University-Billings proposal to obtain and operate a mobile unit which could be moved around the State to demonstrate and teach the use of assistive technologies. The medical community has access to an increasing number of devices and technologies to assist those who are handicapped or restricted. Keeping up with advances and moving them quickly into rural areas could be facilitated by such a unit. The program would focus on rural areas and tribal entities, including the Native American population which resides adjacent to the reservations.

The Committee is aware of the diabetes lower extremity amputation prevention program run by the University of South Alabama, the Louisiana State University medical school and the Roosevelt Institute for Rehabilitation.

The Committee continues to be supportive of the work being conducted by Low Country Health Care Systems.

The Committee is aware of the proposal by the University of Maine to develop a model infrastructure to reduce obstacles faced by rural families in obtaining hearing screening tests for infants. Early intervention for hearing impairment can avert many debilitating sequelae such as learning disabilities and language difficulties.

The Committee is aware of the proposal by the nursing school of the University of North Carolina at Wilmington to establish a mobile medical facility to serve underserved populations in rural North Carolina.

The Committee is aware of the efforts of the Radford University school of nursing to acquire a mobile health clinic.

Critical care programs

The Committee has grouped the following ongoing and proposed activities into a new cluster proposed by the administration: emergency medical services for children, the traumatic brain injury program, trauma care/emergency medical services, and poison control centers.

The Committee provides \$17,000,000 for emergency medical services for children. This is \$2,005,000 above the 1999 level and \$2,000,000 above the administration request. The program supports demonstration grants for the delivery of emergency medical services to acutely ill and seriously injured children. The Committee urges HRSA to consider EMSC a high priority, focusing on the development of prevention and treatment programs and education of emergency personnel in remote and rural areas such as Alaska and Hawaii, using telemedicine technology. For example, a collaborative effort with Tripler Army Medical Center, using the telemedicine technology already available would enhance the development of the EMSC initiatives.

The Committee provides \$5,000,000 for the traumatic brain injury program, which is the same as the 1999 level and the administration request. This item was previously funded through the SPRANS component of the maternal and child health block grant. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can in-

clude: prehospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, and long-term support.

The Committee provides \$1,000,000 for trauma/emergency medical services, which is the same as the administration request. This is a new activity for fiscal year 2000. This program is intended to improve the Nation's overall emergency medical system, including the joint efforts between HRSA and the National Highway Traffic Safety Administration to assess state systems and recommend improvements to the current system.

The Committee provides \$3,000,000 for poison control center activities, which is \$1,500,000 above the administration request. This is a new activity for fiscal year 2000. The Committee is pleased with the actions by HRSA and CDC to initiate planning for a national toll-free telephone number for poison control services. The funds provided will support the development and assessment of uniform patient management guidelines and will support HRSA's participation with CDC and the joint CDC/HRSA advisory committee on planning efforts.

The Committee commends the Emergency Medical Services for Children program for the delivery of emergency medical services to acutely ill and seriously injured children. The Committee also commends the Partnership for Children initiative which has provided useful training and information to pediatric emergency care personnel. The Committee urges HRSA to consider EMSC a high priority, focusing on the development of prevention and treatment programs and education of emergency personnel in remote and rural areas such as Alaska and Hawaii. Hana, on the island of Maui, provides an excellent example of EMSC design and implementation efforts targeted toward rural communities. Hana is extraordinarily isolated with pressing health care needs and has a population that is nearly one-third children and adolescents.

The Committee supports the effective collaboration between NHTSA and HRSA in the administration of the EMSC program. The Committee urges the EMSC program to develop practice guidelines and other quality of care assessment and enhancement initiatives. The Committee encourages the EMSC program to continue a research focus and to develop a means of collecting data to ensure accountability and to better track accomplishments and needs.

Black lung clinics

The Committee includes \$6,000,000 for black lung clinics. This is \$1,002,000 above the fiscal year 1999 amount and \$1,000,000 above the administration request. This program funds clinics which treat respiratory and pulmonary diseases of active and retired coal miners. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Nurse loan repayment for shortage area service

The Committee includes \$2,279,000 for nurse loan payment for shortage area services. This amount is \$1,000 higher than last year's amount and the administration request.

This program offers student loan repayment to nurses in exchange for an agreement to serve not less than 2 years in an In-

dian health service health center, native Hawaiian health center, public hospital, community or migrant health center, or rural health clinic.

Payment to Hawaii, Hansen's disease treatment

Within the amount provided for Hansen's disease services, the Committee has provided \$2,045,000 for the fiscal year 2000 payment to the State of Hawaii for the medical care and treatment in its hospital and clinic facilities of persons with Hansen's disease at a per diem rate not greater than the comparable per diem operating cost per patient at the Gillis W. Long National Hansen's Disease Center in Carville, LA. This amount is essentially the same as the administration request and the 1999 level.

The Committee appreciates the Institute of Medicine study of the Pacific Basin health care delivery system, conducted in 1998. It is the Committee's understanding that the IOM cited findings for all health indicators for the people residing in the freely associated states, as being significantly worse than those for mainland Americans. The Committee, therefore, expects the Department to review the IOM findings and initiate implementation of its recommendations which include: jurisdictional coordination by the Pacific Islanders Health Officers Association; use of Tripler Army Medical Center and Guam Naval Hospital for care coordination, with emphasis on telehealth assessment and management; development of and participation in a regional health information system for information tracking and storage; continuing education for all health providers; and increased involvement in health care, particularly womens' health issues.

ACQUIRED IMMUNE DEFICIENCY SYNDROME

RYAN WHITE AIDS PROGRAMS

The Committee provides \$1,610,500,000 for Ryan White AIDS programs. This is \$100,000,000 above the administration request and \$199,649,000 above the 1999 level.

Recent advances in diagnosis, treatment, and medical management of HIV disease has resulted in dramatic improvements in individual health, lower death rates and transmission of HIV from mother to infant. The Committee recognizes, however, that not all HIV infected persons have benefited from these medical advances and expects that the Ryan White CARE Act programs provide social and other support services with the specific intent of obtaining and maintaining HIV-infected individuals in comprehensive clinical care.

The department is encouraged to identify obstacles confronting people with HIV/AIDS in receiving medical care funded through the Ryan White programs and to re-examine the design of both Ryan White programs and Medicaid in light of the changing medical needs of a patient population that is living longer with current therapies.

The Committee is aware of the proposal by the National Training Institute to enhance volunteer training, support and retention model developed over the past twenty-five years to assist people

with cancer and HIV/AIDS to help other populations needing supportive services.

The Committee recognizes the recent advances in the treatment and medical care of persons with HIV disease and the need for early access to these interventions and services. Furthermore, the Committee understands that disparities exist in accessing and maintaining the benefits of these recent advances among communities highly impacted by HIV and AIDS. The Committee requests that the Secretary fund an independent study through the Institute of Medicine to evaluate the effectiveness of the current role and structure of the Ryan White CARE Act programs on improving access to effective HIV treatments among underserved communities. The report should include a review of the current structure of the types of services funded through the CARE Act and their relation to medical care, mechanisms to assure access to quality medical services to underserved and uninsured populations, and the effectiveness of the funding allocation formulas in targeting communities of the greatest need. The report should include recommendations to ensure that all persons with HIV-infection have reasonable access to new treatments and quality medical care and providers. The study should be made available by the end of the fiscal year.

The Committee urges HRSA to assume a leadership role in ensuring that the prevention, treatment, and management of HIV/AIDS in correctional facilities is a high priority and that the care rendered meets current medical standards for AIDS care. The Committee encourages HRSA to collaborate with the Federal Bureau of Prisons, CDC, the White House Office on AIDS Policy, and other entities of jurisdiction.

Emergency assistance—title I

The Committee recommends \$541,200,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. This amount is \$36,161,000 above the fiscal year 1999 amount and \$20,000,000 above the administration request. These funds are provided to metropolitan areas meeting certain criteria. One-half of the funds are awarded by formula and one-half are awarded through supplemental competitive grants.

The Committee is concerned about the limited AIDS therapy options for children and pregnant women, and encourages the Secretary, when awarding supplemental title I funds, to give priority as appropriate to EMA's whose applications increase services to women and children with AIDS/HIV infection.

The Committee notes the work by the Department with Alameda County, California, which is the only county and health jurisdiction thus far which has declared a public health emergency on AIDS in the African-American community. Recent data clearly indicates that new HIV infections and AIDS diagnoses among African-Americans are growing. The county has requested emergency assistance to provide prevention and treatment services, as well as research in communities where HIV/AIDS prevalence is at crisis levels. The declared public health emergency has moved HHS to give a high priority to the city of Oakland and Alameda County. HHS plans to

deploy a crisis response team to further evaluate the disease's devastating impact in Alameda County's health jurisdiction.

Comprehensive care programs—title II

The Committee has provided \$843,000,000 for HIV health care and support services. This amount is \$60,000,000 above the administration request and \$105,235,000 above the 1999 level. These funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease and support for State AIDS drug assistance programs [ADAP].

The Committee continues to be encouraged by the progress of protease inhibitor therapy in reducing the mortality rates associated with HIV infection and in enhancing the quality of life of patients on medication. The Committee has approved bill language for \$536,000,000 for AIDS medications, compared to \$461,000,000 provided for this purpose in fiscal year 1999. The Committee further urges HRSA to encourage States to utilize Federal ADAP funding in the most cost-effective manner to maximize access to HIV drug therapies and to eliminate cost-shifting from Medicaid to the State ADAP programs. States with ADAP funding should be allowed the flexibility to purchase and maintain insurance policies for eligible clients including covering any costs associated with these policies, or continue to pay premiums on existing insurance policies that provide a full range of HIV treatments and access to comprehensive primary care services, as determined by a State. Funds should not be committed to purchase insurance deemed inadequate by a State in its provision of primary care or in its ability to secure adequate access to HIV treatments.

It has been brought to the Committee's attention that many state HIV/AIDS programs seek increased flexibility to use some ADAP resources to fund medical care, laboratory tests, and services to enhance patient adherence to pharmaceuticals. The agency should consider allowing states to redirect a reasonable portion of ADAP funds, as determined in collaboration with the states, to such services that enhance the ability of eligible people with HIV/AIDS to gain access to, adhere to, and monitor their progress in taking HIV-related medications. The agency should submit a report to the Committee with details on the implications of such a change prior to implementation.

Early intervention program—title III-B

The Committee recommends \$140,300,000 for early intervention grants. This is \$46,030,000 above the 1999 level and \$10,000,000 above the administration request. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

To the extent practicable, the Committee encourages HRSA to fairly allocate the increase for title III-B between existing grantees and new providers. The Committee understands that existing grantees have been level-funded throughout the history of the

CARE Act. By providing additional funds to current grantees, the Committee intends to strengthen the HIV care infrastructure already established in title III-B clinics. The Committee also supports expansion of the number of communities receiving assistance from this title.

Priority should be placed on funding new projects in rural, medically underserved areas, and secondary cities outside of major metropolitan areas in order to build clinical capacity for the delivery of HIV care among clinicians serving high-risk populations, minorities, and those who are unable to access clinical HIV care for economic reasons. In building capacity, the goal is to develop regional centers of knowledgeable clinicians to improve access to quality HIV treatment based upon the evolving HIV treatment guidelines of DHHS.

As noted last year, the Committee is aware that the FDA has approved at-home telemedicine diagnostic testing methods which seem to offer important fiscal, privacy and public health advantages. A study published by CDC indicates that a significant percentage of individuals using public clinics for on-site HIV testing do not return for their results. HRSA data indicates that the average cost for on-site testing, counseling and referral services is about \$160 per person, compared with the \$40 cost for at-home telemedicine testing. The Committee again requests HRSA to evaluate and report on the benefits and costs of varying testing methods, including at-home telemedicine and to make program changes that are warranted.

Pediatric AIDS demonstrations—title IV

The Committee recommends \$53,000,000 for title IV pediatric AIDS, which is \$5,000,000 higher than the administration request and \$7,015,000 above the 1999 amount. This program supports demonstration grants to develop innovative models that foster collaboration between clinical research institutions and primary/community-based medical and social service providers for underserved children, youth, pregnant women, and their families.

With additional funding, the Committee urges HRSA to expand comprehensive services for youth, including case finding, mental health and early intervention services. The Committee also urges the agency to expand services for HIV-positive women and men who are primary care givers of infected or affected children or youth. In allocating new funds, the Committee further urges the agency to create a consolidated grant application process and to ameliorate administrative burdens to grantees to the fullest extent that is practical. The Committee is aware of the efforts of the AIDS Policy Center for Children, Youth and Families to expand necessary services to those in need.

Some 5 percent of the funds appropriated under this section may be used to provide peer-based technical assistance. Within this amount, sufficient funds are available to maintain and expand work being done to create a national consumer and provider education center on the use of various strategies and planning in the care of children, youth, women and families infected with or affected by HIV and AIDS.

Transmission of HIV to newborns can be reduced by over 90 percent if pregnant women are aware they are HIV-positive and are effectively treated with drugs prior to birth. To improve testing of pregnant women and reduce the incidence of HIV births, last year the Committee encouraged consideration of demonstration projects involving at-home diagnostic testing with telemedicine support, yet no action was taken. The Committee continues to strongly believe the use of at-home telemedicine services for HIV testing would be an effective outreach tool for pregnant women in high HIV prevalence states and urges HRSA to proceed with demonstrating this approach.

AIDS dental services

The Committee provides \$9,000,000 for AIDS dental services, which is \$1,000,000 above the administration request and \$1,202,000 above the 1999 level. This program provides grants to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with HIV disease.

The Committee recognizes the importance of oral health care providers in the diagnosis of HIV and in treating the painful and debilitating oral manifestations of this disease. The Committee supports this program as it improves access to oral health services for low-income and uninsured people living with HIV and AIDS by providing partial reimbursement to dental education institutions for delivering care.

AIDS education and training centers

The Committee recommends \$24,000,000 for the AIDS education and training centers [AETC's]. This amount is \$4,006,000 above the 1999 level and \$4,000,000 above the administration request. AIDS education and training centers train health care practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues, and support curriculum development on diagnosis and treatment of HIV infection for health professions schools and training organizations. The targeted education efforts by AETC's are needed to ensure the cost-effective use of the significant expenditures in Ryan White programs and the AIDS drugs assistance program. The agency is urged to fully utilize the AETC's to ensure the quality of medical care and to ensure, as much as possible, that no individual with HIV receives suboptimal therapy due to the lack of health care provider information.

Emphasis should be placed on building clinical treatment capacity by reaching health professionals providing care to persons within medically underserved areas, minorities, the economically underprivileged, and rural populations. The goal is to provide clinical education and consultation to increase knowledge and skills of the targeted clinician group providing care to low or medium volume of HIV patients thereby improving the early and ongoing access to quality HIV treatment by clinicians within urban and rural medically underserved areas and secondary cities outside of major metropolitan areas.

Ricky Ray hemophilia trust fund

The Committee has included \$50,000,000 for payments authorized by the Ricky Ray Hemophilia Relief Trust Fund Act, Public Law 105-369. This is a new activity for fiscal year 2000. The act authorizes the establishment of a trust fund administered by the Secretary for the purpose of disbursing payments to persons with hemophilia who contracted HIV through the use of contaminated blood products between July 1982 and December 1987. Spouses and children of affected individuals who became HIV-infected are also eligible for payment.

Family planning

The Committee recommends \$222,432,000 for the title X family planning program. This is \$17,520,000 below the administration request and \$7,500,000 above the 1999 level. Title X grants support primary health care services at more than 4,000 clinics nationwide. About 85 percent of family planning clients are women at or below 150 percent of poverty level.

Title X of the Public Health Service Act, which established the family planning program, authorizes the use of a broad range of acceptable and effective family planning methods and services. The Committee believes this includes oral, injectable, and other preventive modalities.

The Committee remains concerned that programs receiving title X funds ought to have access to these resources as quickly as possible. The Committee, therefore, again instructs the Department to distribute to the regional offices all of the funds available for family planning services no later than 60 days following enactment of this bill.

The Committee intends that at least 90 percent of funds appropriated for Title X activities be for clinical services authorized under section 1001 of the Act. All such funds for section 1001 activities are to be provided to the regional offices to be awarded to grantees to provide family planning methods and services as specified by the Title X statute. The Committee further expects the Office of Family Planning to spend all available year-end funds in section 1001 activities.

Rural health research

The Committee recommends \$6,085,000 for the Office of Rural Health Policy. This is \$4,000 more than the fiscal year 1999 level and the same as the administration request. The funds provide support for the Office as the focal point for the Department's efforts to improve the delivery of health services to rural communities and populations. Funds are used for rural health research centers, grants to telemedicine projects, the National Advisory Committee on Rural Health, and a reference and information service.

The Committee is supportive of continuing funds to the Children's Health Fund to implement a rural health initiative that would expand availability and accessibility of pediatric care to underserved rural communities.

Health care facilities

The Committee provides \$10,000,000 for health care facilities, which is \$55,324,000 below the 1999 level and \$10,000,000 above the administration request. Funds are made available to public and private entities for construction and renovation of health care and other facilities.

National Hansen's Disease Program Buildings and facilities

The Committee recommends \$250,000 for buildings and facilities, the same as the administration request and the same as the fiscal year 1999 amount.

Rural hospital flexibility grants

The Committee includes \$25,000,000 for rural hospital flexibility grants, which is the same as the administration request and \$8,000 higher than last year's appropriation.

This program administers the Rural Health Flexibility Program previously administered by the Health Care Finance Administration. Under this program, eligible rural hospitals may convert themselves into limited service facilities termed Critical Care Hospitals. Such entities are then eligible to receive cost-based payments from Medicare. The grant component of the program assists states with the development and implementation of state rural health plans, conversion assistance, and associated activities.

National practitioner data bank

The Committee has not provided Federal funding for the national practitioner data bank, which is the same as the administration request. The Committee and the administration assume that \$16,000,000 will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank, an amount that is \$4,000,000 higher than what was authorized to be collected in fiscal year 1999. Traditional bill language is included to ensure that user fees are collected to cover all costs of processing requests and providing such information to data bank users.

Health care integrity and protection data bank

The administration has proposed to create a new data bank intended to collect, maintain, and report on certain actions taken against health care providers, suppliers, and practitioners. This information would be collected from and made available to government agencies, health plans, and to self-queries made by individuals and entities. The administration further proposes to fund the data bank through user fees. The Committee assumes that \$8,000,000 will be provided entirely through the collection of user fees and will cover the full cost of operating the data bank, an amount that is \$5,260,000 higher than the amount allocated last year.

Office for the Advancement of Telehealth

The Committee provides \$20,000,000 for the Office for the Advancement of Telehealth, which is \$6,876,000 more than the administration request and fiscal year 1999. Activities for the office were previously funded through the budget of the Office of Rural

Health Policy. This office was established to promote the use of certain technologies to improve access to health services and to promote health education.

The Committee notes that telehealth development could have major benefits to efforts now underway to prepare the nation against bioterrorist threats. Linkages between state, local, and Federal health authorities along with hospitals, clinics, and health care practitioners will be central to improving surveillance and response.

The Committee is supportive of HRSA's efforts to include EMS issues in its Telemedicine/Telehealth initiative and encourages the Office of Rural Health Policy, the Office of Telemedicine/Telehealth and EMSC program to collaborate on projects to improve emergency medical service for children.

The Committee suggests that the Office for the Advancement of Telehealth establish a number of regional centers for the advancement of telehealth. Such centers could serve advance cost-effective deployment of telehealth technologies and provide technical assistance to health care providers. The centers could conduct research, evaluations, and assessments to determine the appropriate application of telehealth technologies that span across health care disciplines, applications, and settings.

The Committee is aware of HRSA's increased commitment to telehealth demonstration projects to serve as models for the efficient delivery of health care services to rural, underserved, and hard to reach populations. The Committee urges an increased focus on demonstration grants for providing behavioral and mental health services and advanced training for providers in prisons and other public institutions.

The Committee is aware of the continued development of the South Alabama Telemedicine Project.

The Committee is aware of a joint proposal between the states of New Mexico and Hawaii to establish a telehealth project in remote and rural areas. These states are engaged in developing a joint high performance computing project in Maui, Hawaii as a foundation for this initiative.

The Committee is aware of a proposal by the Children's Hospital and Regional Medical Center in Seattle, Washington to establish an interactive telemedicine system to serve patients in Washington, Wyoming, Alaska, Montana, and Idaho.

The Committee is aware of the efforts by the Alaska Federal Health Care Partnership Statewide Telemedicine Project to place telemedicine stations and kiosks in each of Alaska's 237 villages. This network would link health services the villages with regional and tertiary care facilities in Anchorage and Fairbanks.

The Committee is aware of the proposal by the Montana State University-Billings to develop in collaboration with medical facilities in the area a telemedicine program to provide preventive medicine and support services to the large elderly population in Billings and eastern Montana. The focus would be on serving nursing homes, assistive care facilities and others who care for the elderly. Programs would cover health care administration, long-term health care, rural nursing care, and the management of mental health care systems.

The Committee is aware of a proposal to link, via telemedicine capabilities, a private college (Rocky Mountain College in Montana) and a medical facility (Deaconess Billings Clinic of Montana). Together they could provide medical imagery and education as well as create communication links to the described geographical area. The proposal features distance learning centers that offer both education and telemedicine services.

The Committee understands that following certain major natural disasters, such as Hurricane Andrew and the North Dakota floods, extension agents were trained in crisis intervention and stress management to better equip them to deal with emotional and stress related problems. In view of the continuing difficulty of reaching rural populations with behavioral and mental health services and the success of the post-disaster projects, the Committee encourages consideration of telehealth and distance learning proposals that cooperatively involve the Extension Service in the delivery of services to rural populations.

The Committee is aware of the San Bernardino County Medical Center proposal to create a "hospital without walls." In addition, the Santa Rosa Memorial Hospital is proposing the creation and implementation of a Northern California Telemedicine Network to provide health care access to the California north coast's remote and underserved populations.

The Committee encourages a special focus on grants to demonstrate cost effective models to reach prison and other public institution populations with behavioral and mental health services that combine delivery of service with advanced training of health care professionals. The Committee is aware of the efforts of the California School of Professional Psychology to provide a training and service demonstration in this area.

The Committee notes the proposal of the Louisiana Community Hospital Telehealth Consortium to link a number of health facilities through the region.

The Committee encourages the agency to assess the current status of rural frontier facilities providing extended stay primary care services and the merits of establishing a multi-state demonstration project to determine the extent and efficacy of upgrading certain rural primary care clinics.

The Committee is aware of the proposal by a consortium of health care providers in northern Vermont and upstate New York to create a rural telemedicine system to link rural trauma care, education and prevention programs.

The Committee encourages the agency to work in partnership with medical librarians and other health information specialists in the development and implementation of its telehealth projects, especially those involving rural health care.

The Committee is aware of a proposal by the Institute for Health Policy Studies that would extend the video conferencing links among biomedical research facilities within Russia, nearby academic facilities and American institutions. The Committee understands this international project would promote the peaceful uses of medical knowledge and the sharing of key epidemiological information between the U.S. and Russia.

The Committee is aware of efforts to establish a telemedicine network between the Medical University of South Carolina, Walter Reed Medical Center, and Sloan Kettering Memorial Hospital to extend prostate cancer education, prevention, and treatment to underserved populations.

The Committee understands that the Utah Telehealth Network holds significant promise in linking rural and frontier communities should additional Federal resources be made available.

The Committee is aware of the National Information Display Laboratory project which involves the University of Pennsylvania Medical Center. The project has been involved in clinical trials which have produced significant results related to breast cancer detection and diagnosis. With additional funding, the project would be able to make considerable strides through its existing collaborations with other federal technology agencies.

The Committee urges the agency to administer rural health demonstration pilots in Alaska, Mississippi, Nevada, Oklahoma, South Carolina, Texas, and Washington for community-based telecommunications infrastructure development to improve access to health care. These projects will advance access to health services and related educational programs in rural areas by maximizing resources committed or under development by government and private sources.

The Committee encourages the efforts of the Los Angeles County Community Development Commission and the Los Angeles Eye Institute to expand their operations to provide high quality health care for high-risk medically underserved populations, including expansion of the nation's first urban telemedicine program.

Program management

The Committee recommends \$133,000,000 for program management activities for fiscal year 2000. This is \$11,337,000 higher than the administration request and \$4,038,000 more than the fiscal year 1999 level.

The Committee continues to support the efforts of the American Foundation for Negro Affairs of Philadelphia and expects continued support at the level appropriated in fiscal year 1999.

Health professional shortage areas.—It has been brought to the Committee's attention that in 1998, HRSA published a proposed methodology for designating health professional shortage areas. In response to public comment, HRSA has agreed to reconsider the methodology. The Committee urges HRSA to ensure that any new methodology is not detrimental to underserved rural or frontier communities. As part of this process, HRSA should also define the term "frontier," using appropriate measures of population density and distance in miles, and time in minutes, to the nearest medical facility. The current HPSA designation methodology requires a community with a small population to lose its only physician before it will qualify as a HPSA. The Committee believes that this endangers the health of rural residents. The Committee urges HRSA to establish a waiver of the physician-to-population requirements or another process that will allow communities to qualify as HPSAs when they know that a physician is planning to leave. This would

enable communities to qualify for physician recruitment assistance in time to replace the leaving physician.

The Committee urges HRSA to consult with “frontier states” such as Alaska and Hawaii as part of its process of reconsidering this methodology to ensure that its final regulation meets the needs of frontier communities as well as rural ones.

The Committee is very concerned about the increasing numbers of Americans who are obese. Over one fifth of all adults are obese; over half are overweight. Obesity is known to cause serious diseases including type 2 diabetes, hypertension, stroke and several cancers. Deaths due to poor diet and inactivity are the second leading cause of preventable death in the United States. According to a recent study by the American Obesity Association, the direct health care costs of obesity in 1999 will be over \$100,000,000,000. Obesity among women over 20 is increasing at over 1 percent a year. Obesity is growing among school children with increasing prevalence of diabetes and hypertension at younger ages. The Committee is very concerned about the increasing numbers of Americans who are obese. Over one fifth of all adults are obese; over half are overweight. Obesity is known to cause serious diseases including type 2 diabetes, hypertension, stroke and several cancers. Deaths due to poor diet and inactivity are the second leading cause of preventable death in the United States. According to a recent study by the American Obesity Association, the direct health care costs of obesity in 1999 will be over \$100,000,000,000. Obesity among women over 20 is increasing at over 1 percent a year. Obesity is growing among school children with increasing prevalence of diabetes and hypertension at younger ages. Therefore, the Committee encourages the Secretary to develop a comprehensive plan for expanding research on obesity at the National Institutes of Health and the Center for Disease Control and Prevention as well as education programs at the Department of Education.

Hemophilia report.—The Committee is concerned that HRSA has not provided the report requested regarding the participation of hemophilia treatment centers (HTCs) in the Public Health Service drug pricing program (DPP). The report was requested to be delivered in six months after enactment of the fiscal year 1998 appropriations act. The Committee remains concerned that the agency will require HTCs to distribute clotting factor and participate in the DPP as a condition of receiving their grant from the Maternal and Child Health Bureau. It has been brought to the Committee’s attention that incentives exist that allow HTCs to participate in the DPP as a means of generating revenues through markups of the prices that HTCs charge hemophilia patients for factor products. This is, in the Committee’s view, inconsistent with the intent of the program.

MEDICAL FACILITIES GUARANTEE AND LOAN FUND

Appropriations, 1999	\$1,000,000
Budget estimate, 2000	1,000,000
Committee recommendation	1,000,000

The Committee recommends \$1,000,000 for the medical facilities guarantee and loan fund. This is the same as the administration request and the fiscal year 1999 appropriation. These funds are

used to comply with the obligation of the Federal Government to pay interest subsidies on federally guaranteed loans throughout the life of the loans. These loans were used for hospital modernization, construction, and conversion. The bill includes language, as in prior years, which prohibits commitments for new loans or loan guarantees in fiscal year 2000.

HEALTH EDUCATION ASSISTANCE LOANS

The Committee recommends no additional guarantee authority for new HEAL loans in fiscal year 2000, which is the same as the President's request.

The Committee recommends \$31,500,000 to liquidate 1999 obligations from loans guaranteed before 1992, which is the same as the administration request and \$5,500,000 below the 1999 appropriation.

For administration of the HEAL Program including the Office of Default Reduction, the Committee recommends \$3,688,000, which is \$1,000 above the 1999 appropriation and the same as the administration request.

The HEAL Program insures loans to students in the health professions and helps to ensure graduate student access to health professions education, especially among minority, disadvantaged students, and those from behavioral and mental health fields. The Budget Enforcement Act of 1990, changed the accounting of the HEAL Program. One account is used to pay obligations arising from loans guaranteed prior to 1992. A second account was created to pay obligations and collect premiums on loans guaranteed in 1992 and after. Administration of the HEAL Program is separate from administration of other HRSA programs.

VACCINE INJURY COMPENSATION TRUST FUND

Appropriations, 1999	\$63,000,000
Budget estimate, 2000	63,000,000
Committee recommendation	63,000,000

The Committee recommends that \$63,000,000 be released from the vaccine injury compensation trust fund in fiscal year 2000, of which \$3,000,000 is for administrative costs. This amount is the same as the budget request and the fiscal year 1999 amount.

The National Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and a death benefit. The vaccine injury compensation trust fund is funded by excise taxes on certain childhood vaccines.

CENTERS FOR DISEASE CONTROL AND PREVENTION

DISEASE CONTROL, RESEARCH, AND TRAINING

Appropriations, 1999	\$2,771,229,000
Budget estimate, 2000	2,820,440,000
Committee recommendation	2,802,838,000

For the Centers for Disease Control and Prevention [CDC], the Committee provides \$2,802,838,000, which is \$31,539,000 above the 1999 level and \$17,602,000 below the budget request.

The activities of the CDC focus on four major priorities: provide core public health functions; respond to urgent health threats; promote women's health; and provide leadership in the implementation of nationwide prevention strategies to encourage responsible behavior and adoption of lifestyles that are conducive to good health.

The Committee has provided additional funds for bioterrorism and related public health infrastructure activities within the public health and social services fund.

Preventive health and health services block grant

The Committee recommends \$118,161,000 for the preventive health and health services block grant. Of the amount provided, \$115,914,000 is for program activities, which is \$31,839,000 below the 1999 level and the same as the administration request. For salaries and expenses within this category of activities, \$2,247,000 has been provided, which is the same as the 1999 level and \$1,839,000 below the request. The Committee recommendation includes an additional \$51,000,000 from the violent crime reduction trust fund for rape and domestic violence prevention and education activities authorized by the Violence Against Women Act to be carried out through the preventive health and health services block grant. This amount is \$16,000 more than the 1999 appropriation.

The preventive health and health services block grant provides States with funds for services to reduce preventable morbidity and mortality and improve the quality of life. The grants give States flexibility in deciding how available funding can be used to meet State preventive health priorities. Programs eligible for funding include screening, laboratory services, health education, and outreach programs for such conditions as high blood pressure and cholesterol, and breast and uterine cancer.

Prevention centers

The Committee recommends \$15,500,000 for prevention centers. Of the amount provided, \$15,000,000 is for program activities, which is \$2,000,000 above the 1999 level and the administration request. For salaries and expenses within this category of activities, \$500,000 has been provided, which is the same as the 1999 level and the administration request.

CDC's prevention centers program provides grants to academic programs to support applied research designed to yield tangible results in health promotion, disease prevention, tobacco use prevention, and injury control. This network of collaborating prevention centers works to fill the knowledge gaps that block achievement of prevention goals. The centers work with State and local health departments and other organizations to increase the implementation of research findings.

Prevention marketing and health behavior change.—The Committee encourages the CDC to consider establishing a focus on prevention marketing and behavior change strategies for enhancing health in disadvantaged communities.

Cardiovascular disease prevention.—The Committee is encouraged by the agency's work with numerous health organizations to develop an integrated and comprehensive national cardiovascular

disease program. CDC should identify additional States and localities for future expanded efforts in cardiovascular disease risk reduction, surveillance, and laboratory capacity. Priority should continue to be given to those States with the highest age-adjusted death rates due to cardiovascular diseases.

The Committee is supportive of a peer-review process that takes into account the scientific and public health merits of proposals, among other important factors. Those applicants deemed most qualified ought to receive priority for funding.

Sufficient funds are available to continue existing prevention centers at the previous fiscal year's level or higher.

The Committee is aware of the incidence of cancer and chronic illnesses in the Appalachian region and urges the agency to give consideration to establishing a prevention center in the region.

The Committee is aware of the proposal by the University of South Alabama to establish a birth defects monitoring and prevention center.

The Committee encourages the continued support of center activities aimed at improving knowledge about the usefulness and effectiveness of health promotion programs for persons with disabilities.

The Committee continues to support within the prevention center program a tobacco prevention research network to increase the knowledge base on the most effective strategies for preventing and reducing youth tobacco use, as well as on the social, physiological and cultural reasons for tobacco use among children.

Sexually transmitted diseases

The Committee recommends \$128,808,000 for sexually transmitted disease prevention and control. Of the amount provided, \$115,711,000 is for program activities, which is \$5,055,000 above the 1999 level and is the same as the administration request. For salaries and expenses within this category of activities, \$13,097,000 has been provided, which is the same as the 1999 level and \$1,841,000 below the administration request.

The mission of the STD program is to survey, prevent, and control the transmission of STD's by providing national leadership for: prevention and control programs; monitoring disease trends; behavioral and clinical research; education and training; building partnerships for STD prevention; the STD accelerated prevention campaign; and infertility. Grants are awarded to State and local health departments and other nonprofit entities to support primary prevention activities, surveillance systems, screening programs, partner notification and counseling, outbreak control, and clinical skills training.

Syphilis and chlamydia elimination.—The agency has requested \$5,000,000 to begin implementation of a comprehensive strategy to eliminate the prevalence of the disease. The Committee recognizes the opportunity to eliminate syphilis in the nation. The Committee also urges the agency to also address chlamydia as a disease with widespread prevalence among teens and youth adults.

Tuskegee activities.—The administration proposes \$2,000,000 in support of bioethics activities at Tuskegee University.

Immunization

The Committee recommends \$512,273,000 for immunization activities in fiscal year 2000 authorized under section 317 of the Public Health Service Act. Of the amount provided, \$463,364,000 is for program activities, which is \$62,796,000 above the 1999 level and is the same as the administration request. For salaries and expenses within this category of activities, \$48,909,000 has been provided, which is the same as the 1999 level and \$13,894,000 below the administration request.

The Omnibus Reconciliation Act [OBRA] of 1993 established a new vaccine purchase and distribution system that provides, free of charge, all pediatric vaccines recommended for routine use by the Advisory Committee on Immunization Practices to all Medicaid-eligible children, uninsured children, underinsured, and native Americans through program-registered providers. Included in the Medicaid estimate for fiscal year 2000 is \$545,043,000 for the purchase and distribution of vaccines for a total immunization program level of \$1,057,316,000 in the bill.

The administration of safe and effective vaccines remains the most cost-effective method of preventing human suffering and reducing economic costs associated with vaccine-preventable diseases. Through the immunization program, the CDC provides leadership and support for national and international efforts to prevent and/or control vaccine-preventable diseases.

Within the amounts appropriated, sufficient funds are provided for the purchase of vaccine under the 317 program. As in previous years, the Director has discretion to make transfers from among funds provided for 317 vaccine purchase and infrastructure grants based upon the program requirements. This will ensure that States receive up to their maximum estimates for vaccine purchases and provide CDC with sufficient flexibility to reallocate vaccine purchase dollars if States' needs prove lower than the amount provided. The Committee continues to expect that the CDC provide notification of the amount of any transfer, the latest State carryover balance estimates, and the justification for the transfer.

The Committee recommendation assumes the continuation of the bonus program to improve immunization rates. Using State-specific immunization coverage data, CDC provides payments to States for 2-year-olds who have been fully immunized.

The Committee recommendation includes the President's budget request for polio eradication, a \$17,000,000 increase over the fiscal year 1999 level, in order to support CDC's capacity to meet the goal of global eradication of polio by the year 2000. The Committee is encouraged by the progress which has made the Americas, the Western Pacific including China, and virtually all of Europe polio-free, but recognizes that South Asia and Sub-Saharan Africa remain major reservoirs for the polio virus. The Committee believes the recommended increase is needed to ensure that African countries meet the goal of polio eradication by the year 2000.

The recommendation includes sufficient funds for the CDC, as part of their global polio eradication efforts, to provide measles vaccine for supplemental measles immunization campaigns and to expand epidemiologic, laboratory, and programmatic/operational support to the WHO and its member countries. Such support should

build on the global disease control and surveillance infrastructure developed for polio eradication in a manner that does not compromise ongoing global polio eradication activities. The Committee also encourages the Director to provide sufficient staff support for this accelerated international measles control effort.

The Committee continues to be supportive of the research exploring the promise of plant-delivered oral vaccines being undertaken by the Thomas Jefferson Center for Biomedical Research in collaboration with the Delaware Valley College. Through the use of genetically engineered plants, this research continues to show promise as a means of oral vaccine production for both animals and humans, especially in the area of the diagnosis and treatment of the hepatitis B and C viruses involving glycoprocessing inhibitors.

Hepatitis B vaccinations for adolescents.—The Committee is aware that, while the Hepatitis B Vaccination has been available nationwide for several years, a small number of states currently have laws requiring HBV vaccinations as a requirement for middle school admission. To accelerate this process and address the public health threat, the CDC is urged to support adolescent health coordinators in each state to work with physicians, nurses, public health care providers, schools, State legislators and others to increase the rate of compliance with the HBV vaccination program.

Hepatitis A vaccinations.—The Committee notes the Advisory Committee on Immunization Practices recent recommendation for increased efforts to reach children for Hepatitis A immunizations in 11 states where the rate of Hepatitis A exceeds 20 cases per 100,000 population. The Committee urges CDC to support the local and state health departments in these states.

Hepatitis among prisoners.—The Committee is aware of the Department's finding that the health care issues of prison inmates is a growing concern. In particular, the high rates of the known strains of hepatitis among the prison population is a public health concern. It has been brought to the Committee's attention that the high rates of hepatitis could pose a threat to the general population since it has been estimated that eighty percent of inmates will leave prison and return to their respective communities. The agency is urged to address the special health needs of this population in order to mitigate the risk to the public at large, including vaccination efforts and prevention interventions.

Alaska.—The Committee urges CDC to increase section 317 grant support for infrastructure development and purchase of vaccines for the State of Alaska's universal immunization program. It has been brought to the Committee's attention that, according to a 1996 survey, Alaska ranked 48th out of the 50 states, with only 69 percent of Alaska's 2-year olds receiving basic vaccines. The Committee supports Alaska's request for sufficient funding for the purchase of vaccine needed for 90 percent of Alaskan children and to provide infrastructure support needed to support delivery of these vaccines at the community level.

Infectious diseases

The Committee's recommendation includes \$165,610,000 for infectious disease activities. Of the amount provided, \$98,274,000 is for program activities, which is \$27,974,000 above the 1999 level

and is the same as the administration request. For salaries and expenses within this category of activities, \$67,336,000 has been provided, which is the same as the 1999 level and \$16,316,000 below the administration request.

These activities focus on: national surveillance of infectious diseases; applied research to develop new or improved diagnoses; prevention and control strategies; working with State and local departments and private health care providers, to transfer application of infectious diseases prevention technologies; and strengthening the capability to respond to outbreaks of new or reemerging disease.

Emerging infections.—The agency has proposed a \$15,000,000 increase to accelerate its efforts to combat emerging and re-emerging pathogens that may arise domestically or internationally. Of this increase, CDC aims to use \$5,000,000 to initiate a national hepatitis C prevention campaign.

Foodborne diseases.—The agency has proposed a \$10,000,000 increase to implement a national food safety initiative that would include the expansion of the interagency foodborne disease surveillance program, analysis, training, and technology/standards development.

The Committee requests that CDC prepare and disseminate annual summaries of information on foodborne illness, including outbreak summaries, surveillance findings, and study results. Such summaries would better inform the public on the current state of knowledge on the burden of illness, the nature of such outbreaks, and thus raise consumer awareness concerning the handling and preparation of foods.

Bioterrorism surveillance.—The agency has proposed a \$20,000,000 increase to establish a national laboratory network that would be utilized for both bioterrorism response and overall public health readiness to disease and pathogen outbreaks.

Lyme disease.—The Committee has been made aware that there are concerns about the CDC surveillance criteria for Lyme disease and urges the agency to consider re-evaluating the current surveillance criteria to more accurately track and evaluate the prevalence of Lyme disease. The Committee has received expressions of concern over the possible mismatched use of surveillance criteria for clinical diagnostic use and urges the CDC to educate the medical and scientific community about this distinction.

Hepatitis C.—The Committee is aware of the research recommendations made by the March 1997 Hepatitis C (HCV) Consensus Development Conference and the impact on the program responsibilities of the CDC. These recommendations included continued monitoring of the epidemiology of acute and chronic HCV and the development of strategies to educate at-risk groups concerning transmission of the disease. The Committee urges the Hepatitis Council of the American Liver Foundation and the CDC to work together in developing these research initiatives.

Hepatitis C lookback.—The Committee continues to be highly interested in supporting the Secretary's lookback initiatives regarding screening and counseling for people who may have been infected with hepatitis C through blood transfusions before 1992. The Committee is aware that CDC is supporting an evaluation of the adequacy of ongoing efforts to screen and counsel these individuals

and believes it is critical that such an assessment be made at least quarterly and made public. The Committee again calls upon CDC to assure that those potentially infected receive appropriate counseling and screening, and encourages CDC to develop a centralized national screening program supported by a toll-free telephone number-based operation, involving risk assessment, convenient screening and counseling. Under this program, person receiving lookback notification letters would be advised of the hotline service that provides education and telephone counseling and coordinates convenient testing.

The Committee is aware of the critical importance of prevention and detection of individuals at high-risk for Hepatitis C (HCV) and HIV/AIDS, and strongly urges the Department to evaluate and support new more efficient testing technologies such as at-home tests and rapid tests.

Cooley's anemia.—The Committee notes that patients differ in their use of blood and blood products, depending upon the nature of their illnesses. Patients with Cooley's anemia, for example, rely on blood but not blood products, and may undergo 30 to 35 transfusions per year. Such patients may be able to lend valuable assistance in monitoring the blood supply. The Committee encourages the agency to recognize these differences when implementing its improved blood safety plans and to work with the Cooley's Anemia Foundation in efforts to protect and monitor the nation's donated blood supply.

Activity centers.—The Committee is pleased with the work of CDC's centers of excellence in infection control focusing upon the problem of antibiotic resistance and encourages CDC to continue to support these applied research efforts and to expand the scope of the program.

The Committee notes CDC's efforts to coordinate public health surveillance and communication on infectious and emerging infectious diseases including tuberculosis, and commends CDC's proposal to include emerging infectious diseases in its National Electronic Disease Surveillance Network Initiative (NEDSNI).

Hemophilia and other bleeding disorders.—The Committee is encouraged by CDC's collaborative efforts with the National Hemophilia Foundation to reduce hospitalization and morbidity among persons with hemophilia through its chronic disease management and patient outreach activities. The Committee urges the agency to accelerate efforts geared toward the prevention of the complications of hemophilia and other bleeding and clotting disorders, including von Willibrand and other women's bleeding disorders. Additional efforts are also needed to strengthen collaboration between CDC and the Food and Drug Administration in monitoring and investigating any possible contamination of blood and blood products.

Tuberculosis elimination

The Committee's recommendation provides \$125,185,000 for CDC's activities to prevent or control tuberculosis. Of the amount provided, \$120,000,000 is for program activities, which is \$5,223,000 above the 1999 level and \$7,853,000 above the administration request. For salaries and expenses within this category of

activities, \$5,185,000 has been provided, which is the same as the 1999 level and \$2,630,000 below the administration request.

CDC provides support for the control and elimination of TB. This is accomplished in large part through awarding cooperative agreements to State, territorial, and large city health departments to strengthen their control and elimination programs.

The Committee is aware that tuberculosis (TB) is a leading threat to health throughout the Americas. The Committee further understands that a recent report by the U.S. Agency for International Development on cross-border TB has highlighted the special burdens of controlling TB within U.S. border States, particularly California and Texas, where incidence rates are well above the national average. With the growing incidence of drug resistant strains of TB, the Committee urges the agency to intensify its efforts in key border states vulnerable to an influx of TB-infected individuals. The CDC Office of Global Health is further encouraged to enjoin in this effort. The Committee commends the Global Health Council for its efforts in this area.

Chronic and environmental disease prevention

The Committee's recommendation includes \$318,375,000 for chronic disease prevention activities. Of the amount provided, \$260,364,000 is for program activities, which is \$18,986,000 above the 1999 level and \$10,000,000 above the administration request. For salaries and expenses within this category of activities, \$58,011,000 has been provided, which is the same as the 1999 level and \$17,568,000 below the administration request.

This level includes an additional \$500,000 above the individual administration requests for autism activities and for oral health activities.

In many instances, premature death, avoidable illness, and disability are caused by personal behavior, exposure to toxic substances, and/or natural disasters. Prevention of the occurrence and progression of chronic diseases, therefore, is based on reducing or eliminating behavioral risk factors, increasing the prevalence of health promoting practices, detecting disease early to avoid complications, assessing human risks from environmental exposures, and reducing or eliminating exposures to environmental hazards. The focus of the programs in this activity includes diabetes, cardiovascular diseases, developmental disabilities, tobacco use, comprehensive school health, teen pregnancy, birth defects, fetal alcohol syndrome, spina bifida, chronic fatigue syndrome, prostate cancer, women's health, cancer registries, oral health, skin cancer, arthritis, and epilepsy.

Chronic fatigue syndrome.—The Committee is exceptionally concerned over the audit and report by the HHS inspector general's office that revealed the agency had not spent funds for chronic fatigue syndrome as intended by Congress. The IG report noted that the agency did not have in place adequate controls to assure compliance with the established financial plan, in particular assigned direct costs. As a result, costs of other activities were assigned to the chronic fatigue syndrome program without appropriate analysis, documentation, or justification. The IG report suggests that as much as half of the \$23,400,000 budgeted for chronic fatigue syn-

drome between 1995 and 1998 may have been diverted to research on other diseases. The laxity of oversight has resulted in the diversion of a significant portion of appropriated funds Congress intended for chronic fatigue syndrome.

The Committee is disappointed that a confluence of factors has resulted in an unfortunate outcome that has strained the reputation of a leading public health agency. Since the agency's creation, the Committee has appropriated billions of dollars to combat and prevent maladies adversely affecting domestic and global health, and depends upon the goodwill and trust of the agency's professionals to attain the goal of better health for all. It is regrettable that certain actions taken has clouded that relationship between Congress and the agency.

Because of the tangible consequences of the diversion of funds, namely less money available for chronic fatigue syndrome activities, the Committee directs the agency to begin to restore the estimated \$12,900,000 in CFS funds diverted to other activities. The additional funds should be spent on the following priority CFS activities: public education programs, efforts to educate primary care providers about the detection, diagnosis and treatment of CFS, surveillance projects on children and adolescents with CFS, and an interdisciplinary reassessment of the case definition for CFS. Furthermore, the Committee expects the director of the agency to directly oversee the CFS program budget and the implementation of the above activities until such time the Committee is satisfied that appropriate reforms have been made to assure that Congressional intent for the program will be followed.

The Committee also expects that the current CFS research program will remain in the Division of Viral and Rickettsial Diseases until it is clear to the Committee that a transfer will materially and substantially enhance accomplishment of the program's key objectives, specifically: the determination of the pathogenesis of CFS; estimation of incidence and prevalence of CFS in the U.S.; elucidation of the natural history of CFS; identification of risk factors and diagnostic markers; the development of control strategies; and education of the public and health professionals. Prior to any major reorganization involving the CFS program, the Committee expects to receive an explanation outlining full details regarding the transfer or changes to assets and/or personnel. The Committee further urges that the department's CFS coordinating committee consider making recommendations regarding the future direction and structure of CFS activities at CDC and expects the agency to provide a representative to the committee.

Diabetes.—The incidence of diabetes affects more than 16 million persons in America. Research has demonstrated that controlling blood sugar levels prevents diabetes-related complications. While the CDC supports local diabetes prevention and control programs in all States, additional support could further reduce the number of diabetes complications. The Committee supports this work and has included sufficient funds to enable the CDC to expand its diabetes prevention effort. Funds are provided as proposed in the request to: establish comprehensive State diabetes prevention programs; implement the public health components of the National Diabetes Education Prevention Program; develop and implement pub-

lic health surveillance systems; and conduct applied prevention research.

The Committee remains acutely concerned that the high incidence of diabetes within the native American, Native Alaskan and native Hawaiian populations. The Committee urges the CDC to continue to develop a targeted prevention and treatment program for these culturally unique yet similar groups. The Committee encourages the CDC to continue to work with native Americans and native Hawaiians to incorporate traditional healing and develop partnerships with community centers as a safety net during program development. The Committee is pleased with CDC's efforts to work with the leadership of native Hawaiian and Pacific Basin Islander communities in these efforts.

The Committee continues to be supportive of a cooperative diabetes prevention research and demonstration pilot to link regional Veterans Administration medical centers with CDC prevention centers located within schools of public health. The Committee is pleased that discussion is underway between VA and CDC that may lead to a memorandum of understanding to maximize the resources of both agencies. The Committee understands that there is interest from both agencies and the schools of public health to expand this cooperative effort to include hypertension and other cardiovascular diseases. The Committee urges CDC to select the prevention centers best suited to carry out these demonstrations based on its knowledge of each center's expertise in the chronic disease area identified by VA as most beneficial to the veterans population.

The Committee notes the work of the National Diabetes Prevention Center in establishing working relationships with Native Americans and health providers, and continues to support its work in this account. These relationships include a rigorous process for selecting scientifically accurate evaluation methods for current and new diabetes prevention programs. The Center is focusing on the successful dissemination of diabetes prevention and control programs to other tribes and to other minority groups. The agency is gathering information about traditional and new ideas for the culturally appropriate prevention and control of diabetes at any stage. New tribally-based research designs are being reviewed for funding, and will be implemented through the NDPC in Gallup, New Mexico. The Committee urges CDC to continue its work in enhancing tribal abilities to design and disseminate successful diabetes prevention models.

The Committee is aware of the effort by Virginia Commonwealth University and the University of Puerto Rico to conduct research on the impact of diabetes in the Hispanic population.

Fetal alcohol syndrome.—The Committee recommends that the Secretary give priority to projects that will promote the development of a national strategy for the prevention of alcohol-related birth defects and for the provision and coordination of appropriate interventions for affected individuals and their families. The Committee urges the Secretary to target the funding to areas that demonstrate significant need and a high incidence or risk of alcohol-related birth defects. Special consideration should be given to Native American entities and individuals. The Committee further urges the agency to develop a comprehensive, regional approach to pre-

venting, detecting, and treating fetal alcohol syndrome and effects in South Dakota, North Dakota, Minnesota, and Montana. The Committee is aware of the efforts by the Northern Plains Consortium for Fetal Alcohol Syndrome Policy Development and Implementation.

The Committee also encourages the agency to work with the state of Alaska to develop a comprehensive statewide strategy to prevent, detect and treat fetal alcohol syndrome and notes that Alaska has the highest rate of fetal alcohol syndrome in the nation.

Traditional healing.—Native Hawaii's indigenous populations continue to experience significant health problems, to include phenomenally high incidences of diabetes and asthma. The Committee appreciates the leadership of the CDC in examining how the systematic utilization of native Hawaiian healing expertise might effectively impact their health status with diseases such as diabetes and asthma. The Committee also urges the use of community-based health centers as a foundation for this initiative.

Volcanic emissions.—The Committee remains quite concerned about the public health hazard posed by volcanic emissions in Hawaii and, therefore, encourages CDC to continue work with the NINR and NIEHS in determining the environmental, physical, and mental effects of volcanic emission that might result in increased levels of cancer, asthma, and other serious illnesses. The Committee is pleased with the progress made thus far in examining this environmental hazard on native Hawaiian health.

Liver disease surveillance.—The Committee is aware that there is currently no surveillance system in the United States to determine trends in chronic liver disease. This information is needed to assist the CDC, NIH, and other public health agencies to better target their research and other public health efforts. The Committee urges that the CDC give priority to developing the necessary epidemiological information regarding trends in chronic liver disease. The Committee is also pleased that the CDC has entered into a cooperative agreement for further support and expanded efforts of a private nonprofit national voluntary health organization to meet the need for public information on hepatitis and other liver diseases. The Committee urges the continuation and expansion of support for this effort.

Teenage smoking.—The Committee is aware of the collaborative efforts between the University of Pennsylvania and the University of Hawaii schools of social work to develop models for curtailing teenage smoking as a mechanism for decreasing the number of teens in the juvenile justice system. The Committee urges full and fair consideration be given for proposals submitted by these schools.

Cancer.—Prostate cancer, and its disproportionate impact on minority males, continues to be a major concern of the Committee. The Committee continues to encourage the CDC to enhance its prostate cancer awareness/outreach program targeted at high-risk populations through collaborations with public and private nonprofit organizations with expertise in cancer education.

The Committee has provided sufficient funds to continue the Cancer Registries Program. The information gleaned from these registries are important for planning, implementation, and evalua-

tion of public health practices in cancer prevention and control at the State and national levels.

Safe drinking water.—The Committee encourages CDC-supported evaluations and interventions regarding the health effects from inadequate provision of safe drinking water in remote arctic communities. The Committee recommends the CDC consider building upon existing cooperative agreements with State departments of health in the region when undertaking this initiative.

Sudden infant death syndrome.—The Committee again notes the work of the CDC, the National Institute of Child Health and Human Development, and the Health Resources and Services Administration in developing a model guideline for death scene protocol for sudden infant death syndrome in a variety of locales. The Committee encourages continued development and publication of these guidelines.

Birth defects.—The Committee recognizes that birth defects are the leading cause of infant mortality in the United States and are also the leading cause of childhood disability. The Committee has provided funds for the CDC to expand its efforts to research, survey, and prevent birth defects. The Committee is especially interested in CDC's efforts to prevent spina bifida and anencephaly through the promotion of increased consumption of folic acid among women of reproductive age. The agency is further encouraged to establish an information clearinghouse that would assemble, analyze, and disseminate national data on birth defects.

The Committee expects the Centers for Disease Control to build upon the work of leading States in expanding the types of data collected in the State Birth Defect Demonstration Projects to include developmental disabilities. Assessment of the usefulness and feasibility of including neonatal biological samples for birth defects registries and the tracking of specific birth defect categories for monitoring exposures to environmental contaminants is also recommended. The Committee also asks that the CDC report its progress in these areas by February 1, 2000.

Tobacco.—The Committee supports CDC's Office of Smoking and Health, and encourages continued public health prevention and cessation activities. The Committee continues to strongly support efforts to reduce youth tobacco use and is very concerned about reports of increasing use.

The Committee is aware that tobacco use is the single most preventable cause of death and disease in the country. It is estimated that tobacco contributes to more than 400,000 deaths in the United States annually.

The Committee transferred funding of the American Stop Smoking Intervention Study [ASSIST] from the National Cancer Institute to the CDC in fiscal year 1999. The Committee encourages the CDC to increase funding for the current IMPACT States over the next several years to a level comparable to that of the ASSIST States. The Committee further urges that tobacco control funding be awarded to public health entities directly responsible for tobacco control and urges that minorities be appropriately targeted for smoking reduction efforts.

The Committee is aware of the value of developing community-based public awareness programs aimed at prevention and ces-

sation of smoking during pregnancy and to inform the public about the potential consequences of smoking during and after pregnancy. The Committee urges the agency to help translate into practice the recent findings on effective prenatal and postnatal smoking prevention and cessation programs and further support research on diagnostic methods, treatment, and prevention of prenatal and postnatal smoking and its effects.

The Committee is concerned about reports of increased use of bidis among American teenagers. Bidis are small, flavored, filterless cigarettes. It has been brought to the Committee's attention that a city-wide survey in San Francisco found that 58 percent of teenagers had tried bidis at least once, and 31 percent considered themselves "bidis smokers." In addition, 20 percent of these teens believed bidis caused no health risk, and 50 percent believed bidis could not cause cancer. Information is available that indicates that bidis are just as likely as regular cigarettes to cause cancer and have seven to eight times the nicotine and twice the tar contained in regular cigarettes. The Committee urges the agency and the Office on Smoking and Health, to examine the health risks posed by bidis, and the prevalence of bidis use among American teenagers and to inform the Committee of its findings. In addition, the Committee urges the agency to work with federal, state and local partners to conduct a public information campaign about the dangers of bidis use.

The Committee is encouraged by the Department's development of the "SmokeFree Kids and Soccer" program. This is an important collaborative strategy of promoting tobacco control through physical activity and of integrating adolescent health risk reduction and supportive youth development. The Committee believes that expanding SmokeFree Kids and Soccer through partnership and cooperative agreements with community-based soccer organizations and traditional public health groups, will be an effective method of broadening support and effectiveness of community-based tobacco control, particularly with respect to addressing the risk factors that influence smoking among adolescent girls. Within the increase provided for tobacco control activities at the agency, the Committee makes available \$500,000 to enable CDC to support the Department's efforts to expand the program in at least 10 states and to measure its impact against similarly funded tobacco control strategies. The Committee expects these efforts to be carried out in collaboration with the HHS Office of Public Health and Science, which is to be commended for developing and overseeing the program since its inception in 1996.

Disabilities prevention.—The Committee continues to strongly support the CDC disabilities prevention program which provides support to States and academic centers to reduce the incidence and severity of disabilities, especially developmental and secondary disabilities.

Health information center.—The Committee is aware that CDC has funded an external evaluation of the C. Everett Koop Community Health Information Center and that preliminary results of this evaluation are encouraging. Within the amount provided, funds are available to implement the recommendations of the evaluation, to

strengthen the center, and to disseminate the results of its evaluation to professional medical societies throughout the country.

Newborn screening.—Recent advances in genetic screening for newborn infants allow identification at birth of underlying conditions which can cause or contribute to disease, disabilities, and death. Funds are again available for policy development and for research and development efforts to facilitate the translation of scientific advances into newborn screening programs. Fragile X syndrome and cystic fibrosis are among those diseases that ought to receive a high priority. The Committee again urges the agency to coordinate with the Health Resources and Services Administration in translating the results of these efforts into guidance for public health programs, including State newborn screening programs.

Iron overload illnesses.—Hereditary hemochromatosis is among the most common genetic disorders, which results in excess iron accumulation, tissue damage, and systemic organ failure.

The Committee recognizes hereditary hemochromatosis as one of the most common genetic disorders. The Committee notes CDC's efforts and encourages their continued progress in this area.

Radioactive iodide study.—The Committee has included sufficient funds to continue the followup study of the Utah cohort exposed to fallout from the Nevada Nuclear Weapons Test Site. The Committee further expects that administrative costs charged to this project be minimized.

An important tool for understanding the causes of, incidence of and death from cancer is having sufficient and consistent data. Many states have cancer registries, supported in part by CDC. It has been brought to the Committee's attention that states are not now required to report cancer data to CDC and that data across registries may not be consistent enough to allow in-depth analysis. The agency is requested to identify potential steps that may be taken to correct this deficiency.

Limb loss prevention.—The Committee recognizes the importance of rehabilitation information in improving outcomes among persons with limb loss and the role of the National Limb Loss Information Center (NLLIC) in addressing this need. To date, the Center has received thousands of requests for information.

Immune deficiency outreach.—The Committee remains concerned about the incidence of the 80 primary immune deficiency diseases. While 500,000 cases have been diagnosed, the Committee is particularly concerned about the additional estimated 500,000 cases that remain undiagnosed or misdiagnosed. While these cases have a significant impact on our health care system and waste precious resources, early intervention and effective treatment can save pain, suffering and millions of dollars in the future. The Committee expects CDC to expand its commitment of personnel and initiative a commitment of resources to the education and awareness campaign established by the National Institute of Child Health and Human Development, the National Institute of Allergy and Infectious diseases and the Jeffrey Modell Foundation.

Oral health.—Oral diseases impose significant economic and health burdens to the public, much of which could be prevented with appropriate interventions. Sufficient funds are available to target efforts with public and private partners, to implement prov-

en prevention programs to reduce dental decay and the health burden from oral cancer, gum disease and related to health conditions with links to oral health, such as diabetes and heart disease and to expand community fluoridation, targeted sealant programs, and oral health surveillance.

The Committee is concerned with the dental health care of children and has therefore provided funding to provide greater access to health promotion and disease prevention activities for the oral health of indigent children. The Committee urges that these funds be used to reach high-risk children through school based programs supported by linkages with health care professionals and other dental partners in the community.

Thyroid cancer.—Sufficient funds are available to continue the next phase of a study on radioactive Iodine-131 and thyroid cancer.

The Committee has also learned of concerns in the North Slope area of Alaska over the impact of radioactive iodine-131 and possible higher rates of thyroid cancer on residents of that area and encourages the agency to work with the state of Alaska and the North Slope Borough on the design of a possible study to examine this problem in greater depth.

Birth defects.—Sufficient funds are available for expanded birth defects prevention programs, existing centers for birth defects research and prevention, and a significantly-expanded folic acid education campaign.

Arthritis.—The Committee is pleased with CDC's collaboration with the Arthritis Foundation, states and other partners to develop the National Arthritis Action Plan and has provided funding to further implement this plan for additional public health programs in states to reduce the arthritis burden, better defining the burden of the disease, and identifying modifiable risk factors.

Autism.—Sufficient funds are available to continue the work underway at the Marshall University autism training center at the amount provided in the last fiscal year.

It has been brought to the Committee's attention that Brick Township, New Jersey, may have a higher than average incidence of autism. The agency is encouraged to examine the feasibility of establishing a presence in the area to conduct epidemiological studies.

Lyme disease.—The Committee urges the agency to give priority to proposals aimed at reducing the deer tick population, which is the prime vector for Lyme Disease. The Committee further recommends that CDC consider proposals that seek to reduce deer ticks through environmental and economically sound means.

Folic acid.—The Committee is aware that folic acid is a key dietary factor in the prevention of spina bifida but that a fraction of child bearing women take folic acid supplements correctly. The Committee encourages the agency to develop a comprehensive public education and awareness initiative to improve the numbers of prospective mothers who use supplements judiciously with medical advice. Health professionals should also be a primary audience for an education campaign.

Developmental disabilities.—It has been brought to the Committee's attention that serious developmental disabilities occur in about 2 percent of school-age children and require life-long assisted

care. Additional efforts could be done to understand more about the prevalence in the U.S., what causes these disabling conditions and preventive interventions. Within the increase provided to chronic illnesses, sufficient funds are available to establish a regional center for developmental disabilities, prevention, and research. The Committee encourages a population-based surveillance model for developmental disabilities including autism, cerebral palsy, hearing impairment and other neuro-developmental disorders.

SIDS.—The Committee recognizes the work of the agency, the National Institute of Child Health and Human Development, and the Health Resources and Services Administration in developing a model guideline for a death-scene protocol for sudden infant death syndrome. The Committee encourages CDC to implement projects to demonstrate the effectiveness of the death-scene protocol in a variety of settings throughout the country.

Cardiovascular diseases.—It has been brought to the Committee's attention that heart attacks, strokes and other cardiovascular diseases remain the number one cause of death of men and women, across all racial and ethnic groups in the United States. Recently eight states received federal funding to develop programs for prevention and control of cardiovascular diseases. The Committee is encouraged by CDC's work with state and national health organizations to develop an integrated and comprehensive national cardiovascular disease program and encourages its continued efforts to broaden the scope and scale of the program.

The Committee is encouraged by the agency's continued work with numerous health organizations to develop an integrated and comprehensive national cardiovascular disease program. CDC should seek to expand programs with existing grantee states and identify additional states and localities for future expanded efforts in cardiovascular disease risk reduction, surveillance, and laboratory capacity.

The Committee is aware that despite improved detection and treatment of cardiovascular disease over the past two decades, severe hypertension is prevalent throughout the Southeastern United States, with recent data suggesting that the death rates from cardiovascular disease in this region remain significantly above the national average. The Committee is aware of the work of the Southeastern Centers of Cardiovascular Excellence Program at the Wake Forest University School of Medicine in addressing this problem.

National program of cancer registries.—Cancer registries monitor trends in cancer, by site of the cancer, age and ethnicity of the patient, geographic region, and treatment outcome. Enhancing state-wide cancer registries and providing national support for quality assurance and reporting standards ensures that information on cancer trends and outcomes is available. The Committee recognizes that increased support is needed to enable States to more aggressively utilize State cancer data by integrating the registries into their cancer prevention and control programs. CDC should work with States and national organizations and report back to the Committee in three months the steps necessary to aggregate individual State data into national data set to analyze the cancer burden in the United States on a regional and national basis.

Minority cancer rates.—The Committee remains very concerned about the high incidence of prostate cancer and its disproportionate impact on African-American males. Prostate cancer is the second leading cause of cancer death in men, and African-American males are 66 percent more likely to be stricken with the disease. The Committee continues to encourage CDC to expand its prostate cancer awareness/outreach program targeted at high-risk populations through collaborations with public and non-profit organizations with expertise in cancer education.

Asthma.—The Committee is pleased with the work that CDC has done to address the increasing prevalence of asthma. However, the increase in asthma among children, particularly among inner-city minorities, remains alarming. The Committee urges CDC to expand its outreach aimed at increasing public awareness of asthma control and prevention strategies, particularly among at risk minorities populations in underserved communities.

Inflammatory Bowel Disease.—It has been brought to the Committee's attention that up to one million people in the United States suffer from Crohn's disease or ulcerative colitis, collectively known as inflammatory bowel disease. The Committee recognizes the need for enhanced epidemiological research in this area, especially in light of recent advancements in treatment for these diseases and the increased risk that IBD patients have for developing colorectal cancer. The Committee encourages CDC to work to further our understanding of the prevalence of these diseases through appropriate epidemiological and surveillance activities.

Colorectal cancer.—The Committee understands that colorectal cancer is the third most commonly diagnosed cancer for both men and women in the United States, and the second leading cause of cancer related deaths. When colorectal cancer is detected and treated early, survival is greatly enhanced. However, despite the availability of proven screening tests, only a fraction of patients are diagnosed while the disease is still in a localized stage. The Committee is pleased with the efforts of CDC's National Colorectal Cancer Roundtable in promoting the availability and advisability of screening to both health care providers and the general public. The Committee encourages CDC to expand its partnerships with state health departments, professional and patient organizations, and private industry to combat this devastating disease.

Blood screening.—It has been brought to the Committee's attention that non-invasive blood screening technology could improve the safety of the blood donation and distribution process as well as enhance the comfort of blood donors. The Committee encourages the agency to consider testing promising technologies that could be tested for efficacy and cost effectiveness.

Minority and medically underserved populations.—The Committee encourages efforts to link the infrastructure of screening programs with that of states, tribes and community health organizations, cancer prevention and treatment programs to build capacities to translate and deliver federal cancer research, control, prevention and education, and prevention trials to local communities through public-private partnerships. The Committee encourages the efforts of the National Health Nutritional and Examination

Survey (HANES) ethnic minority and medically underserved populations.

Alcohol abuse prevention.—It has been brought to the Committee's attention that recent data continue to highlight underage alcohol use and abuse as a significant and widespread public health problem. The Committee encourages the agency to begin developing a prevention strategy that incorporates an underage drinking prevention media effort. To the extent possible, CDC's should develop an effective message and message strategy designed to prevent children and adolescents from drinking and to encourage parents to discuss the dangers of underage drinking with their children. The agency should consult with the Office of the Surgeon General, the National Institute on Alcohol Abuse and Alcoholism, the Department of Justice Underage Drinking Program, and other federal agencies with expertise and experience in this area. This effort should strive to present a unified message about avoiding alcohol and other drugs.

Epilepsy.—The Committee calls upon CDC to enhance its efforts in the field of epilepsy, with a focus on expanding disease surveillance; increasing public awareness activities; public and provider education; prevention research; and to more aggressively address the stigma often associated with the disorder. Furthermore, the Committee is aware of the recent commitment by CDC to partner with a national voluntary health organization dedicated to assisting persons with epilepsy and encourages CDC to work with this organization and other consumer groups in implementing this public health initiative.

Pest control.—The Committee encourages the public health pesticide data collection program to promote research on public health pests, such as insects and vermin, which may pose particular health risks to children and the elderly.

Environmental research center.—The Committee is aware of the efforts by the University of Mississippi and Tulane University to establish a center for environmental medicine and toxicology at the University of Mississippi Medical Center in Jackson, Mississippi.

Health information.—The Committee notes that sufficient funds are available to continue and expand direct support of the C. Everett Koop Community Health Information Center.

Lead poisoning

The Committee recommendation includes \$37,205,000 for lead poisoning prevention activities. Of the amount provided, \$30,457,000 is for program activities, which is \$1,000,000 below the 1999 level and is the same as the administration request. For salaries and expenses within this category of activities, \$6,748,000 has been provided, which is the same as the 1999 level and \$1,000,000 below the request.

Since its inception in fiscal year 1990, the CDC program has expanded to about 40 project areas that encompass States, local areas, and numerous communities and screens an estimated 1,750,000 children annually.

The Committee is aware of a General Accounting Office report estimated that more than 400,000 children have undetected harmful levels of lead in their blood. The Committee understands that

the Food and Drug Administration had given final approval to a portable, easy to use lead screening device developed with the support and participation of CDC. Such advances could hold great promise for increasing childhood screening rates in underserved communities.

Breast and cervical cancer mortality prevention

The Committee's recommendation includes \$167,051,000 for breast and cervical cancer mortality prevention activities. Of the amount provided, \$157,071,000 is for program activities, which is \$7,980,000 above the 1999 level and \$10,000,000 above the administration request. For salaries and expenses within this category of activities, \$9,980,000 has been provided, which is the same as the 1999 level and \$2,020,000 below the request.

Activities supported within this account include the National Breast and Cervical Cancer Early Detection Program, which guides public health programs in formulating an aggressive response to these cancers. CDC further supports the delivery of screening services to underserved women, quality assurance, referral and follow-up services, surveillance, and partnership development.

The Committee also continues to be pleased with the progress of CDC's Wisewoman Program. This demonstration program provides low-income women participating in the national breast and cervical cancer early detection program with additional preventive screenings and medical referrals. The Committee encourages CDC to continue its planned expansion of the Wisewoman initiative, and notes that sufficient funds are available to expand the successful Wisewomen demonstration program to Iowa and Pennsylvania. The Committee intends to take action in the coming years to expand this program nationwide.

The Committee is aware of the accomplishments of the National Breast and Cervical Cancer early detection program and urges strengthened support for this important screening program, and has included sufficient resources to enhance the program. The Committee understands that there is concern regarding the purported lack of treatment provided to individuals screened through the program and then determined to have cancer. The Committee expects the department to examine whether cancer patients screened through the program receive adequate treatment and follow-up care.

Injury control

The recommendation by the Committee includes \$82,819,000 for injury control efforts. Of the amount provided, \$63,994,000 is for program activities, which is \$25,238,000 above the 1999 level and \$14,500,000 above the administration request. For salaries and expenses within this category of activities, \$18,825,000 has been provided, which is the same as the 1999 level and \$2,179,000 below the administration request. The recommendation includes an additional \$6,000,000 from the violent crime reduction trust fund for domestic violence activities authorized by the Violence Against Women Act. This is the same level as the 1999 appropriation. These funds will continue to support community program demonstrations on domestic violence.

The Center is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by: fires and burns; poisoning; drowning; violence; lack of bicycle helmets, seatbelts, and baby seats; and other injuries. The national injury control program encompasses nonoccupational injury and applied research in acute care and rehabilitation of the injured. Funds are utilized both for intramural and extramural research as well as for assisting State and local health agencies in implementing injury prevention programs. The Committee recognizes the important role that CDC provides as a focal point for all Federal injury control activities.

Youth violence initiative.—Recent incidents of school violence highlights the need for a long-term response that incorporates prevention of problem issues for youth before they become manifested in violent behavior. The Committee has allocated \$12,500,000 above the request to initiate a national strategy. Of the increase provided, the Committee has included \$10,000,000 to support the establishment of ten national centers of excellence at academic health centers that will serve as national models for the prevention of youth violence. These centers should: (1) develop and implement a multidisciplinary research agenda on the risk and protective factors for youth violence, on the interaction of environmental and individual risk factors, and on preventive and therapeutic interventions; (2) develop and evaluate preventive interventions for youth violence, establishing strong linkages to the community, schools, and social service and health organizations; (3) develop a community response plan for youth violence, bringing together diverse perspectives, including health and mental health professionals, educators, the media, parents, young individuals, police, legislators, public health specialists, and business leaders; and (4) develop a curriculum for the training of health care professionals on violent behavior identification, assessment, and intervention with high risk youth, and integrate this curriculum into medical, nursing, and other health professional training programs.

Furthermore, the Committee has included \$2,500,000 to establish a national resource center on youth violence prevention. This center would establish a toll free number, bilingual in English and Spanish, and an internet website, in coordination with existing Federal website resources, to provide accurate youth violence prevention and intervention information produced by the government and linked to private resources. This resource center will provide a single, user-friendly point of access to important, potentially life-saving information about youth violence, an explanation about preventing youth violence, and intervention strategies. The center would also be responsible for lending technical assistance on how to establish programs in communities around the country using local resources.

Violence against women initiative.—The agency budget request includes \$11,000,000 for additional services, research, public education geared toward the reduction of violence against women nationwide.

SAFE U.S.A. initiative.—The agency budget request includes \$1,900,000 in additional funding to support an array of activities

intended to foster collaboration and cooperation between CDC and organizations working in injury control.

Sufficient funds have been provided to enable the Center to support and expand effective prevention programs for traumatic brain injury consistent with the Traumatic Brain Injury Act. The Committee is supportive of a science-based process that identifies the most practical and effective steps communities can undertake to prevent suicide in high-risk populations.

Suicide prevention.—Suicide and suicidal behavior is a major public health risk, particularly for the elderly, adolescents, and young adults. The Committee recommendation includes funds for the Center to sustain suicide prevention research and intervention.

The Committee encourages CDC to establish a national suicide prevention resource center. This center would provide technical assistance to states and communities to identify and implement effective programs for those at significant risk for suicide, including African American males, American Indians/Alaska Natives, young adolescents, and the elderly.

The Committee recognizes CDC's contribution to national efforts to reduce violence and prevent domestic violence. With over 1 million children a year the victims of abuse and neglect, the Committee again recommends the Center give consideration to extending its focus on violence by supporting an initiative directed to the prevention of physical and emotional injuries associated with child maltreatment and neglect. The Committee encourages the NCIPC to collaborate with relevant national organizations and with academic institutions, including schools of social work, in the development and implementation of this initiative.

The Committee recommendation maintains the proviso included in the House bill prohibiting the use of funds to advocate or promote gun control.

The Committee is aware of a proposed study to determine the cost effectiveness of trauma care by comparing the functional outcomes of patients provided care by trauma center and nontrauma center facilities. The Committee urges CDC to consider initiating this activity and encourages it to consider a cooperatively determined methodology from the managed care industry, the American Trauma Society, and participating agencies, including the Institute of Medicine.

The Committee urges CDC to review and implement the recommendations of the Hawaiian conference for the integration of brain injured individuals into the community.

The Committee urges CDC to initiate process and outcome research to evaluate the efficacy of various school and community violence prevention strategies and programs and to disseminate the findings nationally. Funds should also be made available to support a national surveillance system of uniform data collection and monitoring of injuries, deaths, and behavioral risk factors in school and community violence.

The Committee is aware of the contribution of the West Virginia University injury control training and demonstration center. Sufficient funds are available to continue its activities at the same level provided in the previous fiscal year.

Injury Control Research Centers.—The Committee recognizes the outstanding achievements of the ICRCs in multiple research areas such as rural injuries, trauma, traffic injuries and falls among the elderly. Based at universities across the Nation, the ICRCs have excelled in discovering what prevention and treatment measures work and in disseminating these measures to State and community injury prevention programs. The Committee expects CDC to continue using an independent peer-review process for any new research projects funded from this amount. Funds remain available to expand the program level of the existing ICRCs.

The Committee is aware of the efforts of the City of Waterloo, Iowa for the Fire PALS program which teaches children in schools the skills necessary to protect themselves and their families when confronted with a fire or life safety hazard. The Committee encourages that full and fair consideration be given to funding the expansion of this program to additional schools for injury prevention education.

The Committee continues to be pleased with the efforts of the National Program for Playground Safety and the level of public interest that has been generated by this program. Sufficient funds are available to continue to implement the action steps described in the National Action Plan for the Prevention of Playground Injuries, which includes activities aimed at enhancing playground safety, gathering of relevant statistics, research, and training. The Committee urges the agency to consider establishing a model playground for children ages 0 to 3 to advance research on early developmental experiences for children in this age group.

The Committee is aware of the Institute of Medicine study that recommends the creation of a uniform trauma surveillance data system. Sufficient funds are available to initiate a trauma information and exchange program. The Committee is further aware that the American Trauma Society is in a unique position to develop a national clearinghouse on statistics, data, and other information critical to determining trauma needs.

The Committee is aware of the provision of the Health Professionals and Education Act that specifies an Institute of Medicine study on the training needed by health professionals to help identify and refer victims of family or acquaintance violence to appropriate services. The Committee understands that the IOM study is underway but funds are needed to complete the study. Within the increase provided to this account, sufficient funds are available to complete this study.

Farm health and safety.—The Committee has included funding to continue the farm health and safety initiative at its current level. This important initiative, begun in fiscal year 1990, has a primary focus of reducing the incidence of fatal and nonfatal injuries and occupational diseases among the millions of agricultural workers and their families in the United States. The Committee is particularly pleased with the research being undertaken by the agricultural research centers.

Occupational safety and health

The Committee's recommendation includes \$215,000,000 for the National Institute for Occupational Safety and Health [NIOSH]. Of

the amount provided, \$93,744,000 is for program activities, which is \$15,000,000 above the 1999 level and \$6,329,000 above the administration request. For salaries and expenses within this category of activities, \$121,256,000 has been provided, which is the same as the 1999 level and \$3,178,000 below the administration request.

The National Institute for Occupational Safety and Health [NIOSH] in CDC is charged with conducting a national program of occupational safety and health research and information dissemination to ensure safe and healthful working conditions for American working men and women. Occupational injuries occur at twice the rate of injuries in the home or in public places. Severe occupational trauma is second only to motor vehicle incidents as a cause of unintentional death in the United States. The majority of all of these deaths and injuries are preventable.

To prevent work-related hazards, NIOSH conducts applied research with a corps of occupational safety and health professionals operating in multidisciplinary teams comprised of engineers, epidemiologists, industrial hygienists, physicians, and toxicologists. Intramural efforts are complemented by grants, contracts, and cooperative agreements to form a comprehensive and integrated program consisting of four components: Identification of hazards; research on causes and prevention of occupational injuries and illnesses, dissemination of research findings and recommendations; and training of those involved in preventing disease and injury at work.

The Committee has allocated funds above the administration request to strengthen the activities of the NIOSH mining research laboratories near Pittsburgh, Pennsylvania, in priority areas that have been endorsed by the national occupational research agenda, including funds to support a mining hazard surveillance program and a new personal protective equipment research program. The latter program could have broad applications, particularly in the area of equipment associated with weapons of mass destruction prevention capabilities.

The Committee believes that significant work is needed to better protect first responders from biological and chemical terrorism exposures. Emergency medical personnel and police, fire fighters and other on-site workers need reliable detection devices, personal protective equipment such as respirators, and protective clothing to be able to effectively help victims in case of exposure to biological or chemical terrorist agents. Within the amount provided for NIOSH and for bioterrorism funding contained in the administration request for CDC infectious disease activities, sufficient funds are available to NIOSH to carry out research, testing and related activities aimed at preparing and protecting workers to respond to public health needs in the event of a terrorist incident.

The Committee commends the work of the university-based Education and Resource Centers (ERCs) and the smaller single discipline training project grants and has included sufficient funding to fund an additional ERC.

The Committee is encouraged with the progress by NIOSH on implementing the National Occupational Research Agenda [NORA]. The Committee is supportive of NIOSH's efforts to further its part-

nerships with the occupational safety and health community and the broader public and private public health research community, and believes these partnerships will be important in the implementation phase. The Committee urges NIOSH to work with its partners to augment resources available to the Institute for NORA research. In particular, the Committee strongly encourages NIOSH to continue partnering with the National Institutes of Health to co-sponsor and fund extramural research in relevant NORA priority areas.

The Committee recognizes that a broad-based network of public and private partnerships now exists in occupational safety and health research, because of the efforts of NIOSH to create and implement NORA. The Committee notes that NORA is investing research funds in areas with the highest likelihood of reducing the still significant human and economic toll of workplace injury and illness. The Committee continues to be supportive of NIOSH efforts to leverage research funds by co-sponsoring extramural NORA research with those of NIH and other public and private organizations.

The Committee understands that workers who are employed in outdoor occupations are at substantial risk for developing skin cancer from unprotected exposure to sunlight and future cataracts. The Committee encourages NIOSH to work with OSHA to undertake a joint survey in different regions of the country to determine what measures are currently being taken to protect workers in certain industries and activities, such as construction and agriculture.

The Committee is encouraged with the progress that NIOSH has made in its program directed at occupational injuries and illnesses in the building and construction industry. The Committee understands that NIOSH will develop a new focus within NORA on active intervention to prevent occupational injury and illness in the construction industry. The Committee continues to be concerned with the continued high fatality rate in the industry and has provided sufficient funds to continue the NORA program at its current levels.

The Committee has included sufficient funds to meet the request for intramural research and staffing on work-related diseases at the new laboratory in Morgantown, WV.

The Committee is aware of recent evidence that excessive ultraviolet radiation exposure from sunlight, both in recreational and occupational settings, generates an increased risk for skin cancer, which is preventable. The Committee is further aware that no governmental standards exist concerning exposure protection for outdoor workers. The Committee urges the Director to give consideration to supporting this area of research.

The Committee encourages the agency to develop enhanced motion controllers for improved simulation of human movement. With this simulation capability, critical strides can be made in improving machinery design, enhancing safety, and improve worker training.

The Committee is pleased that the National Transportation Safety Board and NIOSH have taken an aggressive approach to address the recent rash of injuries and deaths from aircraft accidents in Alaska. It supports the joint interagency initiative which involves the Federal Aviation Administration, the National Weather

Service, the NTSB, and the National Institute of Occupational Safety and Health. The Committee encourages NIOSH to implement the Board's recommendations to improve aviation safety in Alaska.

Epidemic services

The Committee's recommendation includes \$81,349,000 for epidemic services. Of the amount provided, \$25,865,000 is for program activities, which is \$4,567,000 below the 1999 level and is the same as the administration request. For salaries and expenses within this category of activities, \$55,484,000 has been provided, which is the same as the 1999 level and \$3,699,000 below the administration request.

The objectives of the epidemic services activity are to: provide for the investigation, prevention, or control of epidemics, develop, operate, and maintain surveillance systems, analyze data, and respond to public health problems when indicated; train public health epidemiologists [EIS]; carryout quarantine regulations; reduce the importation of disease from developing countries; publish the morbidity and mortality weekly report; develop, coordinate, and provide efficacious, effective, and economic prevention strategies; and assist in the improvement of State infrastructure.

The Committee is aware of the benefits of community-based interventions in improving productivity, functionality and overall outcomes among persons who have incurred disabilities as a result of contact with antipersonnel land mines. Recognizing the importance of focusing additional resources on the delivery of post-traumatic interventions to landmine survivors in severely mine affected countries, the Committee encourages CDC to support the development and testing of a model network to be implemented by an organization with demonstrated capacity to address the needs of landmine survivors in such affected regions overseas.

Complementary and Alternative Medicine.—The Committee is pleased with the CDC's efforts to use quantitative policy methods to improve public health decision-making to ensure that public health and health care programs and policies deliver the greatest possible improvement in human health and quality of life and has included funds for CDC to expand these efforts. Such activities will include national surveillance of CAM utilization and health outcomes, support for academic research centers, such as the Prevention Research Centers, to assess the determinants and outcomes of CAM prevention practices.

Health statistics

The recommendation of the Committee includes a program level of \$109,573,000 to be provided from PHS 1 percent evaluation and set-aside funds. This is the same as the administration request and \$15,009,000 higher than the fiscal year 1999 program level.

CDC's National Center for Health Statistics [NCHS] is the Nation's principal health statistics agency, whose mission is to provide statistical information that will guide actions and policies to improve the health of the American people.

The increase provided is for the national health and nutrition examination survey [NHANES]. This is the same as the request and

will provide for full funding of this important component of the Nation's health information strategy. When fully implemented, NHANES provides unique information from direct physical examinations, biochemical measures, interviews, and nutritional analysis from a large, representative sample of persons. This survey is the only national source of objectively measured health status data, and is essential to interpreting information from other survey components.

U.S. public health index.—The national health care system and the Public Health Service would be well served by the development a public health index that would serve as a benchmark for the overall progress of the nation's health status. Current proxy indicators of national health, such as infant mortality, are helpful but do not capture the impact of the current health care system on the nation as a whole. Such an index would enable policymakers to gauge the effectiveness over time of the national public health infrastructure, ascertain critical shortcomings, and help guide future resource allocations. The Committee calls upon the center to begin feasibility studies on the establishment of a national index and to report to the Committee within six months of the bill's enactment. Such a report should include, but not be limited to, a discussion on possible methodologies, potential data to be used, applicability to the States and other national health systems, and a cost estimate of implementing the differing options.

Primary immune deficiency diseases.—The Committee notes that more than 80 primary immune deficiency diseases have been identified to date. Patients require regular infusions of immune globulin intravenous (IGIV), supplies of which have been sporadic and unpredictable. Given the serious public health problems caused by the shortage, the Committee encourages CDC to initiate an epidemiological study of the primary immune deficient population to further understanding of prevalence rates and other key information.

Human immunodeficiency virus

The Committee recommendation includes \$662,276,000 for HIV/AIDS activities. Of the amount provided, \$540,240,000 is for program activities, which is \$5,276,000 above the 1999 level and is the same as the administration request. For salaries and expenses within this category of activities, \$122,036,000 has been provided, which is the same as the 1999 level and \$4,120,000 below the administration request.

The mission of the agency's HIV prevention program is to avert HIV infection and to reduce the incidence of HIV-related illness and death, in collaboration with community, state, national, and international entities.

HIV-status awareness campaign.—The agency budget proposes an increase of \$9,500,000 for a national outreach effort intended to increase the numbers of individuals who know their HIV status and to enhance referral networks and intervention activities.

The Committee is aware of efforts by the Swope Parkway Health Center in Kansas City, Missouri, to create a Center of Excellence for Eliminating Racial Disparities in Health. This project could demonstrate the effectiveness of an established urban health care center in developing model programs and interventions focused on

decreasing health disparities among African-Americans in the areas of: HIV/AIDS and other sexually-transmitted diseases, infant mortality, cancer screening and management, cardiovascular disease, diabetes, and immunizations.

The Committee urges that racial minorities be more fully targeted and included in HIV prevention efforts. The Committee directs the CDC to consider allocating increased resources to address the HIV-related health disparities in ethnic and racial minority populations. In particular, the CDC should consider increased support of minority community-based organizations and minority regional and national organizations including education, technical assistance, infrastructure, capacity building, community development, and public health initiatives.

The Committee is aware of the agency's efforts related to correctional health care, particularly for surveillance, needs assessment, continuity of care, and efforts targeting minority communities disproportionately affected by HIV/AIDS and sexually transmitted diseases. The Committee urges the agency to expand such efforts within the budget provided.

The Committee notes the agency's efforts to address HIV/STD transmission in rural areas of the country. The Committee encourages CDC to sustain the Rural Center for AIDS and STD Prevention in order that it may continue its efforts in rural communities through prevention specialists.

Building and facilities

The Committee recommendation includes \$39,800,000 for repair and renovation of CDC facilities, the same as the administration request and \$22,000,000 above the fiscal year 1999 appropriation. Funds are provided for the most needed repair and improvement projects as facilities age and programs change.

Prevention research

For this activity, the Committee has provided \$15,000,000 for prevention research activities. Of the amount provided, \$12,000,000 is for program activities, which is \$5,000 above the 1999 level and is the same as the administration request. For salaries and expenses within this category of activities, \$3,000,000 has been provided, which is the same as the 1999 level and the administration request.

This function seeks to discern the causative factors of key illnesses and diseases that may be addressable through intervention or education. Activities supported include community-based research, training of health professionals, research conducted by individual investigators, and guideline development.

Office of the Director

For the Office of the Director, the Committee recommends \$32,322,000, which is \$2,000,000 above the President's request and \$1,186,000 above the fiscal year 1999 appropriation. This line item includes amounts previously attributed to program management activities.

The "Program management" account primarily supports the activities of the Office of the Director of the CDC. The vast majority

of administrative costs are captured throughout the program accounts within the CDC.

The recommendation includes bill language providing the Director with authority to transfer funds available from the sale of surplus vaccine from the vaccine stockpile to other activities within the jurisdiction of the Centers for Disease Control and Prevention. In the event the Director exercises this transfer authority, the Committee is to be notified immediately.

Electronic commerce.—The Committee is aware of the efficiencies garnered in the private sector from the use of electronic commerce [e-commerce] in procurement, information and data processing, and other key administrative and operational functions. The opportunity exists for heightened productivity and cost savings from the use of e-commerce technologies such as online real-time markets. The Committee expects the agency to begin to conduct procurements of goods and services in the coming fiscal year utilizing such e-commerce technology that currently exists in the marketplace to demonstrate the potential for higher productivity and cost savings.

Self-care and preventive medicine.—The Committee is aware of the unique opportunities in research and training from self-care techniques that integrate mind-body approaches to health. Such approaches hold outstanding promise in the prevention of certain illnesses such as depression and help to reinforce or complement existing conventional medical therapies. The Committee urges the agency to establish a sustainable pilot program that would begin an interdisciplinary approach to mind-body medicine and to assess their preventive health impact. The Committee is aware of the effort by Harvard Medical School-affiliated organizations to establish such a program and extend their collaborations with other academic centers.

Hanford.—The Committee is aware of the Hanford Health Information Network and its communication and health information efforts. With Federal funding, the network can continue to offer client services through the next fiscal year.

Mercury toxicity.—It has been brought to the Committee's attention that the agency issued a toxicity profile for mercury. To address differences between the mercury human consumption reference dosages that have been maintained by EPA and FDA, the fiscal year 1999 omnibus appropriations bill directed that the National Academy of Sciences [NAS] conduct a short-term study to recommend a reference dose for mercury. To avoid additional confusion among the public or among the states about a safe reference dose for this toxin, the Committee urges ATSDR to provide the information used to develop its profile to the NAS for consideration in its study.

Minority health.—The Committee understands that the agency is acting to improve the health status of minority and disadvantaged individuals and urges expansion of these efforts, including the coordination of preventative health care, substance abuse treatment, and HIV.

Biosecurity program.—Last year, the conferees included bill language providing resources to the Johns Hopkins University and the Chemical and Biological Arms Control Institute to initiate analyses regarding bioterrorism. The Committee continues to be supportive

of the efforts of these two organizations but is disappointed with the length of time the agency undertook to fund the entities. The Committee notes the discrepancy between the agency's call for urgent action regarding biosecurity and bioterrorism issues and the excessive delay in funding key priorities. In the future, the Committee expects a higher degree of responsiveness by CDC in meeting bill language requirements. The Committee further urges the agency to support the efforts of Hopkins and CBACI in fiscal year 2000.

Health disparities demonstration

The Committee has included \$35,000,000 for the new demonstration projects to address racial health disparities. Of the amount provided, \$31,697,000 is for program activities, which is \$22,300,000 above the 1999 level and is the same as the administration request. For salaries and expenses within this category of activities, \$3,303,000 has been provided, which is \$2,703,000 above the 1999 level and is the same as the administration request. These funds will support research demonstration projects which address six identified areas of health disparities—infant mortality, cancer, heart disease, diabetes, HIV infections, and child and adult immunizations. It is the Committee's understanding that CDC was only able to provide planning funds to approximately 30 communities in fiscal year 1999. CDC received more than 200 applications for this initiative, the majority focusing on cardiovascular disease and diabetes, the leading causes of death among racial and ethnic populations. The Committee urges CDC to provide planning funds to additional communities to reduce disparities in cardiovascular disease and diabetes. These funds and additional sites will enable CDC to support the full implementation phase of these projects.

Older minority Americans are disproportionately at risk for preventable chronic infectious diseases and disease-related disabilities than non-minority older Americans. In addition, morbidity and mortality rates associated with diseases that are prevalent among minority elders are worse than rates for the general population. The Committee expects that CDC will use funds to partner with the Administration on Aging to provide culturally appropriate prevention activities aimed at minority elders.

The Committee is aware of efforts by the Swope Parkway Health Center in Kansas City, Missouri, to create a center of excellence for eliminating racial disparities in health. The Committee urges CDC to work with community-based organizations such as Swope Parkway in addressing issues of racial disparities in health outcomes.

The Committee recognizes the essential role that community and rural health centers play in preventing diseases in local communities. The Committee encourages CDC to collaborate with Missouri's health centers to develop and implement prevention strategies to reduce disparities in cardiovascular disease and diabetes.

The Committee is encouraged by the agency's commitment to improving the health status of minority and disadvantaged individuals. The Committee is aware of the effort by the Center Point organization in San Rafael, California, to undertake coordination of preventative care with substance abuse treatment.

The Committee is aware of a proposal by the Baltimore City Health Department to establish a center for health care delivery, epidemiology, and cancer to study health costs and delivery systems in Baltimore and other states, conduct cancer and other serious health epidemiological studies among minority populations, and develop approaches for cost effective health care delivery in Baltimore. Baltimore City has the highest incident rate of cancer in Maryland. The Committee encourages the agency to work with Baltimore City's Health Department to meet these goals and provide technical assistance.

Violent crime reduction trust fund

The Committee recommendation includes \$51,000,000 from the violent crime reduction trust fund which is \$16,000 above the fiscal year 1999 level and the same as the budget request for activities authorized by the Violence Against Women Act in the crime bill. Included is \$45,000,000 to augment rape prevention services supported by the States through the preventive health and health services block grant and \$6,000,000 for grants to public and private nonprofit organizations to support community programs to prevent domestic violence.

The funds for rape prevention and services will be used by States to expand support for rape crisis centers and State coalitions, to support rape crisis hotlines, victim counseling, professional training of police officers and investigators, and education programs in colleges and secondary schools.

The Committee is concerned with the distribution of funds for rape prevention and education that are provided with funds from the violent crime reduction trust fund and sent to the States through the preventive health and health services block grant. States should comply with the statutory language and congressional recommendations accompanying the use of these funds. Funds should be used to supplement rape crisis centers and State sexual assault coalition's rape prevention and education efforts and not to supplant funds from other sources.

It is the Committee's expectation that the Centers for Disease Control and Prevention take the lead in a collaborative effort between CDC and the Department of Justice in researching the behavioral and psychosocial factors relating to violence against women.

The Committee urges CDC to ensure that States receiving funds from the grants for assistance to victims of sexual assault support State sexual assault coalitions and community-based rape crisis centers whose work is focused on ending sexual violence, operating hotlines for victims of sexual violence and their families, and those who provide crisis intervention, advocacy, and self-help services to victims. The Committee also urges that similar nongovernmental nonprofit agencies show a demonstrated effectiveness in carrying out the work achieving these goals in order to receive funds. The Committee further encourages CDC work to have States devote adequate resources from their allocation for rape prevention and education for middle, junior, and high school youth in both school and nonschool settings.

The Committee urges CDC to take the lead in a collaborative effort between CDC and the Department of Justice in researching the behavioral and psychosocial factors relating to violence against women, especially as they seek health care.

The Committee is aware of the approach by the University of Pennsylvania School of Social Work to develop models for curtailing teenage smoking as a mechanism for reducing the number of teens in the juvenile justice system.

NATIONAL INSTITUTES OF HEALTH

The measure of a great nation is its commitment to the well-being of its most precious resource—its people. And as a nation the U.S. can take justifiable pride in its contributions towards improving the overall health status of society. Since the Second World War, the life span of the average American has risen from 65 to almost 76 years. Many infectious diseases that once plagued society have been all but eliminated. Incidence and death rates for heart disease and some types of cancer have begun to decline. And because of new drugs and surgical techniques, millions of Americans are living longer, more productive lives. Fundamental discoveries in science have been the root source of these achievements, opening the way to new methods of detecting, preventing and treating disease. At the same time, medical and behavioral research has spawned new sources of growth for U.S. industries, created new jobs for American workers, and contributed immeasurably to this country's economic dominance in world markets. It has also cultivated a network of world-class universities, medical schools and nonprofit research institutes which, in turn, supply the pipeline of tomorrow's scientists and physicians.

But remarkable as they are, past accomplishments pale in comparison to the promise medical research embodies for the future. It holds the key to declining disability rates and to lessening the fiscal burden on Medicare and Medicaid. It will lead to a better understanding of human biology at the molecular level, substituting genetically engineered pharmaceuticals for invasive surgery and intensive care units. Robotic chemistry, new screening techniques and bioinformatics will speed the development and testing of promising new treatments for disease and illness. Nevertheless, tomorrow's hopes are challenged by today's problems. New, potentially deadly pathogens are emerging, while micro-organisms once thought to have been conquered are becoming resistant to traditional antibiotics. The U.S. infant mortality rate still compares poorly to other nations. And the mounting tide of aging baby boomers shoulders its way into old-age under the growing shadow of Alzheimer's disease, stroke and osteoporosis.

Research is the bridge that supports the continuum of scientific progress—from inventive ideas to practical application. The keystone of that bridge is the National Institutes of Health.

The Committee is disappointed over the administration's failure to recognize that medical and behavioral research demand a steady and sustained commitment of resources. In order to fulfill that commitment—as well as the Senate's goal of doubling NIH over 5 years—the Committee is recommending that NIH funding be increased by \$2,000,000,000 in fiscal year 2000 to \$17,613,470,000.

This level of funding will support a total of approximately 10,000 new and competing research grants, or approximately 900 more than were supported in fiscal year 1999.

Research priority-setting

Earlier this year, the Committee convened a special hearing on the subject of disease-specific research. Specifically, the hearing addressed concerns raised by some over the criteria employed by NIH when determining funding priorities. The fact that priority-setting has emerged in the context of medical research funding, regrettably, is a by-product of fiscal pressures that bear no relation to the valuable contributions medical research has made to society. At issue is not which disease is more painful or more prolonged. Nor is it a question of which is more costly. The Committee rejects any approach that would essentially reduce medical research funding to a competition pitting one disease against another. Except in rare circumstances, research priorities reflect a collective judgment that should take into account health factors, disease burden, public input and scientific opportunity. By and large, the Committee has turned to the scientific experts at NIH and elsewhere for guidance in that regard. Ultimately, however, this Committee bears the responsibility for determining how taxpayers' dollars are spent and will maintain vigorous oversight over the NIH's stewardship of appropriated funds.

NATIONAL CANCER INSTITUTE

Appropriations, 1999	\$2,902,375,000
Budget estimate, 2000	2,972,919,000
Committee recommendation	3,286,859,000

The Committee recommends an appropriation of \$3,286,859,000 for the National Cancer Institute [NCI]. This is \$313,940,000 more than the budget request and \$384,484,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCI conducts and supports basic and applied cancer research in prevention, early detection, diagnosis, treatment, and rehabilitation. NCI provides training support for research scientists, clinicians, and educators, and maintains a national network of cancer centers, clinical cooperative groups, community clinical oncology programs, cancer prevention and control initiatives, and outreach programs to rapidly translate basic research findings into clinical practice.

The Committee continues to regard scientific investigation into the cause, cure, prevention, and treatment of cancer as one of the Nation's top priorities. Research offers the only hope for putting a stop to a disease that wastes precious human resources and contributes to spiraling health care costs. The Committee was pleased to learn of recent studies documenting a reduction in death rates and improved rates of cancer morbidity and mortality as a result of smoking cessation. While a testament to past investments in research, those findings should not be taken as a sign that the problem is solved. In fact, the incidence of many types of cancer con-

tinues to rise, and progress has not been seen across all populations, such as African-Americans.

Imaging systems technologies.—The Committee is encouraged by the recent conference held by NCI on biomedical imaging and urges NCI to take a leadership role with the Food and Drug Administration and the Health Care Financing Administration to avoid duplicative reviews of new imaging technologies which may prevent their benefits from reaching patients on a timely basis. The Committee is aware of the great potential for improved patient care and disease management represented by molecular imaging technologies, especially positron emission tomography (PET) through its ability to image the biology of many kinds of cancer and other diseases. The Committee supports NCI's increased emphasis on examining the molecular basis of disease through imaging technologies such as PET and MicroPET. The Committee encourages the large scale testing of women for breast cancer and of men for prostate cancer to demonstrate and quantify the increased diagnosis and staging capabilities of PET relative to conventional diagnostic and staging technologies including mammography.

The Committee is aware of the striking advances in high-resolution imaging technologies of functional magnetic resonance imaging and spectroscopy, and optical coherence tomography for detecting small abnormalities in tissues and for solving the structure of important cellular molecules. Given the recent data showing a high rate of false-positive diagnoses of breast cancer from current mammographic technologies, the Committee believes there is a critical need to bring these important new technologies to full development for the diagnosis of breast cancer at earlier stages than currently exists. Therefore, the Committee urges favorable consideration for funding accelerated development and implementation of these advanced imaging systems and processing technologies.

The Committee encourages large-scale testing of women to demonstrate and quantify the increased detection capabilities of digital mammography relative to conventional film processes. Because of the rapid advances being made in the technological development of mammography systems, the Committee is concerned that the newest generation of digital mammography systems be used to implement this large-scale testing. The Committee encourages the National Cancer Institute to be prepared to report to the Committee during the fiscal year 2001 hearing, the feasibility of conducting large-scale testing that includes provisions for the use of the most current digital scanning technologies.

Research affecting women and girls.—The Committee believes that health services research involving and affecting women and girls, particularly minorities, has not received adequate attention. The Committee urges NCI to identify and examine the critical non-financial barriers to the utilization of vital preventive health services. In addition, the Committee encourages the Institute to develop and evaluate behavioral interventions for health promotion and disease prevention among minority women and girls. These include, but are not limited to, changing diet and exercise; smoking cessation; and the impact of psychosocial factors on the primary prevention of cardiovascular disease and breast, cervical and ovarian cancers in African-American women. The Institute is also en-

couraged to evaluate the significant role played by psychosocial interventions in the treatment and recovery from cardiovascular disease and breast, cervical, and ovarian cancers.

Prostate Cancer.—Prostate cancer is the single most common form of cancer in men in the United States. An estimated 179,000 men will be diagnosed with prostate cancer and 37,000 men will die from prostate cancer in 1999. The Committee urges the NCI and other institutes to aggressively increase efforts that will lead to the development of new treatments, new preventives, and new interventions with the potential to improve or extend the lives of men touched by prostate cancer.

Increased use of serum analysis for prostate-specific antigen (PSA), the primary method of screening for prostate cancer, has led to an increased detection rate for prostate cancer. However, only 30 percent of early stage disease will progress to clinically relevant disease within the lifetime of the patient. The Committee encourages NCI to develop methods to identify those patients at risk of progression who would benefit from aggressive therapy while sparing low-risk patients the morbidity resulting from aggressive treatment of slow-growing disease. The Committee also encourages NCI to carry out clinical trials that will determine whether yearly screening for prostate cancer using the PSA blood test will decrease mortality from prostate cancer.

The NCI has identified a need to restructure the clinical trials program to make it faster, more flexible, more easily accessible to patients, and more responsive to key therapeutic questions. The Committee encourages NCI to test new systems that will identify the best trials, improve trial planning, speed trial activation, and improve availability of trials to patients. The Committee encourages NCI to implement programs to assist investigators in academia and in small businesses in getting compounds with promise for treatment and prevention of prostate cancer into clinical testing using NCI's existing development resources. Several key treatment questions need to be addressed. The Committee urges NCI to initiate clinical trials that will optimize hormonal and chemotherapeutic approaches for the most common clinical presentations of prostate cancer.

The incidence and severity of prostate cancer varies in different ethnic populations. African American men are more than twice as likely to die of prostate cancer than Caucasian men. In African American men, prostate cancer is also generally more advanced at the time of diagnosis. Chinese men living in China have incidence and mortality rates that are 3–10 times lower than U.S. men. Reasons for the large racial difference in risk are currently unclear. The Committee urges NCI to conduct studies to identify risk factors for prostate cancer in several populations, including African Americans and Chinese. The Committee also encourages NCI to study the associations of dietary patterns with prostate cancer, and variations in the role of diet in different racial and ethnic groups.

The Committee is encouraged by NCI's collaborations with the Department of Defense in fighting this devastating disease, and urges NCI to continue to strengthen and expand its prostate cancer research portfolio. The Committee further expects the NCI to accelerate spending on prostate cancer, and consult closely with the re-

search community, clinicians and patient groups to identify promising new avenues of basic and clinical research.

Breast cancer.—Breast cancer continues to have a devastating impact on our country. In the United States, there are approximately 2.6 million Americans living with breast cancer. Each year, nearly 180,000 women are diagnosed with and nearly 44,000 women die of breast cancer. The Committee strongly urges the Institute to continue to expand breast cancer research and to devote the highest possible funding level to finding the causes and cures for this disease.

Lymphoma.—Lymphoma currently has one of the highest incidence rates among all cancers in the U.S. It is estimated that approximately 64,000 Americans will be diagnosed with lymphoid cancer in 1999. While progress is being made in the treatment of many kinds of cancer, incidences of non-Hodgkin's lymphoma have nearly doubled since the early 1980's. The Committee encourages NCI to increase lymphoma research to promote new innovative research models based upon collaborative methods that maximize the results of ongoing lymphoma research at the NCI. The Committee also encourages NCI to collaborate with their counterparts at the NIEHS in exploring environmental factors that may contribute to the development of the disease. The Committee also recommends that NCI coordinate its research efforts with the CDC, and encourages NCI to consider exploratory research on incurable lymphomas such as low-grade and aggressive incurable lymphomas.

Cancer coordination.—The Committee encourages NCI to continue its leadership role as coordinator of the National Cancer Program. As the facilitator of the nation's fight against cancer, the Committee specifically encourages NCI to continue to work in collaboration with private/voluntary sector organizations, the CDC, and other Federal agencies to address the coordination challenges outlined in the National Cancer Advisory Board's report entitled "Cancer at a Crossroads."

Tobacco.—The Committee believes that NCI has an important role to play in tobacco-related research and is pleased that NCI is continuing to support research aimed at preventing and controlling tobacco use.

Primary immune deficiency diseases.—The Committee is pleased to learn that NCI will participate in a symposium before the end of fiscal year 1999 to investigate the relationship between primary immune deficiency diseases and cancer with the goal of identifying areas of scientific research that can be enhanced through appropriate funding mechanisms. This symposium, conducted in conjunction with the Office of Rare Diseases, NICHD, NIAID and NHGRI, will bring together leading national and international experts in cancer, pediatrics, immunology, and genetics. The Committee looks forward to reviewing the report of the symposium prior to next year's hearings. The Committee is also supportive of NCI's interest in the creation of a trans-institute intramural clinic for the diagnosis and treatment of immune deficient patients.

Cancer in minority populations.—The Committee remains concerned over recent statistics citing higher incidences of cancer among the native Hawaiian population. In comparison to other ethnic and racial groups, native Hawaiians have the highest incidence

of the most common forms of cancer such as breast, colon, and lung cancer. The Committee encourages continued research in the areas of prevention and detection, utilizing nurse practitioners in community-based centers for screening and education for the underserved populations.

Behavioral science research.—The Committee commends NCI for expanding its infrastructure to fund behavioral and population research in cancer prevention, treatment, and control. NCI is encouraged to expand its investigation of the effective provision of mental health services to improve the course of cancer treatment and to aid in the adjustment to cancer survivorship. NCI is also encouraged to build upon its collaborations with the National Institute on Drug Abuse to more thoroughly investigate issues of youth tobacco use. In particular, the Committee is interested in expanding health promotion research focused on children and youth, and interdisciplinary research on tobacco addiction and cessation. The Committee also encourages NCI to expand its research on adherence to treatment regimens and to health-promoting behaviors such as physical activity and healthy diet.

Hepatitis C Consensus Development Conference.—The Committee is aware that several of the significant new research recommendations of the NIH-sponsored Hepatitis C (HCV) Consensus Development Conference impacts directly on the research portfolio of the NCI. This research includes the NCI recommendation that studies are needed regarding the mechanism of development of hepatocellular carcinoma in patients with HCV. The Committee encourages the NCI to increase research in this area.

Neurofibromatosis.—Research into neurofibromatosis (NF) is a priority for the Committee. Significant advances continue to be made in NF research since the discovery of the NF1 and NF2 gene, including the recent discovery that NF is involved with the c-AMP pathway affecting learning disabilities, in addition to its cancer-fighting tumor suppressor functions. NF research also has significant potential for other large patient populations since NF genes have been implicated in the signaling process that determines cell growth and cell differentiation. The Committee encourages NCI to intensify and expand its NF research portfolio in such areas as further development of animal models, natural history studies, therapeutic experimentation and clinical trials. The Committee encourages NCI to use all available mechanisms, including requests for applications, program announcements, and the national cooperative drug discovery group program. Progress in developing new technologies and enhancing the understanding of the fundamental process of cancer will also benefit specific disorders such as NF. The Committee urges NCI to continue to coordinate its efforts with NINDS and other Institutes and be prepared to report on the status of the NF research grant program at its fiscal year 2001 appropriations hearing.

Sexually transmissible infections and cervical cancer.—Several sexually transmissible infections (STI's) such as the human papillomavirus and herpes are associated with an increased risk of cervical cancer. The Committee urges NCI to expedite new and current vaccines aimed at preventing the transmission of sexually transmissible infections and reducing their oncogenic potential. The

Committee also requests that additional clinical trials be established to advance testing for STI vaccinations for women.

Ovarian and cervical cancer.—Ovarian cancer remains one of the deadliest cancers for women, in part due to the lack of effective early screening methods. According to 1998 estimates, 25,400 new cases of ovarian cancer and 14,500 deaths from ovarian cancer are expected each year. The Committee strongly urges NCI to expedite current research on screening methods to detect, diagnose, and identify staging of ovarian cancer. The Committee believes that identification of a cost-effective screening strategy could result in earlier diagnosis for women and higher cure rates. Similarly, 15,000 cases of cervical cancer are diagnosed annually, and 5,000 women die from the disease. NCI is strongly urged to accelerate research in this area.

Multiple myeloma.—The Committee encourages NCI to review its research portfolio and accelerate support for promising avenues into the causes of multiple myeloma. The Committee also encourages NCI to convene a scientific workshop to determine the state of MM research and to make recommendations to the Institute for further research. The Committee further encourages NCI to integrate epidemiological and occupational health research and data gathering activities relevant to MM to learn more about the molecular pathogenesis of the disease and its suspected agents.

Head and neck carcinoma.—The Committee is aware that head and neck squamous cell carcinoma is the most common head and neck cancer. Moreover, it is understood that because of the immunologic unresponsiveness of this particular type of cancer, there is a need to study mechanisms of tumor-induced immunosuppression. The NCI is expected to increase funding for Specialized Projects of Oncology Research Excellence (SPORE) in order to study head and neck squamous cell carcinoma.

Cancer and aging.—The Committee is concerned regarding recent projections regarding the incidence of cancer relative to the aging of our population. Based upon current incidence rates, the estimated new cases of cancer are expected to increase 29 percent and cancer deaths will increase 25 percent by 2010. The Committee recognizes that the resources provided to the Institute have enabled pursuit of some of the high priority initiatives outlined in the Bypass Budget. The Committee looks forward to hearing from the Institute at next year's hearing what steps should be considered in order to address the changing demographics of cancer in this country.

DES.—The Committee continues to strongly support increased efforts to study and educate the public and health professionals about the impact of exposure to the synthetic hormone diethylstilbestrol [DES]. NCI and other Institutes, along with the Office of Women's Health have developed a plan for expanded research activities in this area. The Committee continues to expect NCI to carry out this plan either internally or through a contract with CDC and/or the Office on Women's Health. In addition, educational materials for consumers and health professionals have been developed as a result of a demonstration project funded by the Committee in previous years. The Committee is concerned with progress made with this and expects NCI to contract with CDC to

undertake educational efforts targeting consumers and health professionals on a national basis. The Committee expects NCI and these other agencies to continue to consult with organizations representing individuals impacted by DES as they carry out DES research and education efforts.

Complementary and Alternative Cancer Therapies.—The Committee expects NCI to work collaboratively with the National Center for Complementary and Alternative Medicine to support expanded research on promising complementary and alternative cancer therapies as well as on their integration with traditional therapies. Thousands of Americans are turning to these therapies and consumers will benefit from the rigorous scientific review of these therapies. The Committee would like to be briefed on the progress of the Institute's efforts prior to the next appropriations cycle.

Outreach and public education.—The Committee commends the NCI's dedication to the National 5-A-Day Campaign. This campaign is an important facet of NIH's overall commitment to the prevention of nutrition-related disease. The practical value of research is dependent on the translation of that research into practice by the public. The Committee recognizes that a diet including a minimum of five servings of fresh fruits and vegetables is a critical factor in reducing cancer risk. The Committee encourages NCI to substantially increase its communications and communications research for the 5-A-Day Program from its previous levels and increase its research in fruit and vegetable nutrition.

Pancreatic cancer.—The Committee is concerned that pancreatic cancer, the fourth leading cause of cancer deaths for men and women in the United States, is projected to claim the lives of nearly 30,000 Americans this year alone. The 5-year survival rate for pancreatic cancer, 4 percent, is the lowest of all cancers. The Committee is concerned that pancreatic cancer is not diagnosed until advanced stages when treatment options are limited and largely ineffective. The Committee expects the NCI to be prepared to report at next year's hearing on the Institute's commitment to support the development of early detection methods, improved surgical techniques, effective chemotherapy, and new drugs for pancreatic cancer and to support public education efforts concerning pancreatic cancer.

The Committee is concerned that given the aging of the American population, the United States will face an explosion of cancer cases and deaths by 2010. According to the Research Task Force of the September 1999 Cancer March, by 2010, there could be a 29 percent increase in cancer incidence and a 25 percent increase in cancer deaths, at a cost of over \$200,000,000,000 per year. This group of widely respected scientists recommended that cancer research be funded at \$10,000,000,000 by 2005. The Committee looks forward to working with the cancer community and the NIH to increase funds for cancer research as recommended by the Research Task Force.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 1999	\$1,782,577,000
Budget estimate, 2000	1,825,849,000
Committee recommendation	2,001,185,000

The Committee recommendation includes \$2,001,185,000 for the National Heart, Lung, and Blood Institute [NHLBI]. This is \$175,336,000 more than the budget request and \$218,608,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Heart, Lung, and Blood Institute provides leadership for a national research program in diseases of the heart, blood vessels, lungs and blood, in transfusion medicine, and in sleep disorders through support of innovative basic, clinical, population-based, and health education research.

Prevention and treatment.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart attack, stroke and other cardiovascular diseases as one of the nation's top priorities. The Committee continues to believe that an intensive research program on cardiovascular diseases should be a top priority of the NHLBI and of the NIH. The Committee encourages the Institute to place a high priority on cardiovascular research, and encourages the Institute to support existing heart and stroke-related research and to invest in promising heart and stroke-related research initiatives.

Emergency medical services.—The Committee strongly encourages NHLBI to develop a research initiative in EMS to include attention to pediatric needs.

Behavioral sciences and cardiovascular disease.—The Committee commends NHLBI for its Task Force report on the contributions of the behavioral sciences to cardiovascular, pulmonary and blood research, and encourages NHLBI to adopt its recommendations. In particular, the Committee encourages the Institute to develop ways to foster interdisciplinary collaborations that have yielded some of the best behavioral cardiology research. The Committee urges NHLBI to promote the investigation of previously understudied populations (including women, ethnic minorities, and the poor) by giving additional attention to appropriate behavioral methodologies and study designs. The Task Force also recommends that NHLBI expand research on adherence to treatment regimens and the long-term promotion of healthy behaviors. The Committee encourages NHLBI to increase its behavioral and social science portfolio in the areas of lung and blood diseases, particularly sickle-cell anemia, hemophilia, cystic fibrosis, and asthma.

Genomic applications.—The Committee is pleased to note that NHLBI is initiating a new program in genomic applications for heart, lung, and blood diseases that will use data and technologies emerging from the Human Genome Project. The program, an essential next step in providing functional information about genes on a large scale, will relate biological functions to specific variations of the genome. The Committee urges NHLBI to use this project as a springboard for new research; to make available critical resources that are difficult or too expensive to develop in most individual laboratories; and to accelerate the development of new and better ways to diagnose, manage, prevent and treat heart, lung, and blood diseases.

Gene therapy translation.—The Committee recognizes that gene therapy will revolutionize the practice of medicine in the next cen-

tury. The leap from basic studies to practical application will require carefully designed clinical studies to evaluate the safety and efficacy of gene therapy in humans. The Committee also recognizes that clinical studies not only represent the practical implementation of basic discoveries, but also help to refine and define new questions to be addressed by non-clinical investigation. The Committee urges NHLBI to pursue an integrated program of basic and clinical studies in gene therapy to enable the rapid translation of new findings into human research.

Pediatric Asthma Network.—The Committee recognizes that little is known about the optimal treatment for asthma in infants and young children. For example, the following issues still shroud the management of pediatric asthma: what the most effective dose and type of medicine for different types of asthma are; what the correct balance is between medical benefits and possible side effects; the best time to start different types of therapy; whether early therapy can prevent asthma from becoming more severe or even eliminate it as a child gets older; or the combination of therapies that will allow a child to participate fully in childhood activities. The Committee urges NHLBI to use the research amassed through the Pediatric Asthma Clinical Research Network to provide clearer choices for childhood asthma therapy, to encourage the development and dissemination of new therapies, and to identify optimum asthma management strategies for children.

National Asthma Education and Prevention Program (NAEPP).—The Committee recognizes that this year marks the 10th anniversary of the NAEPP and notes the many accomplishments of this national program. The Committee commends NAEPP for its leadership in helping to educate physicians, asthma patients, their families, and the general public regarding asthma and its management. The Committee urges NAEPP to enhance the role that its Advisory Committee plays in helping to coordinate asthma education throughout the United States. Furthermore, the Committee encourages NHLBI to continue to expand the role that NAEPP takes in stimulating partnerships among local asthma coalitions to implement asthma education activities at the community level.

Congenital heart defects and specialized centers of research.—The Committee encourages the Institute to renew and establish additional specialized Centers of Research in Pediatric Cardiovascular Diseases and to continue research in emerging areas such as the use of genetic tools to identify genes that control heart development.

Transfusion medicine.—It has come to the Committee's attention that polynitroxylated hemoglobin, a blood cell substitute, is being developed to provide oxygen carrying capacity and adequate blood flow to the critically injured. The Committee urges the Institute to expand research and development efforts in this area.

Congestive heart failure.—The Committee encourages the Institute to devote more research into understanding how and why congestive heart failure occurs and how it can be treated and prevented. The Committee encourages the Institute to expand the study of promising areas of treatment such as mechanical assist devices; animal hearts for transplant and transplantation of healthy heart cells; and the role of programmed cell death in the

development of congestive heart failure. The Committee is encouraged by recent progress in identifying the specific genetic malformations responsible for familial cardiomyopathy and is hopeful that this may lead to better understanding of the mechanisms of this disease.

Angiogenesis or stimulation of new blood vessel growth.—In the next century, many of the 21 million Americans with heart disease may be routinely treated with a genetically engineered therapy that stimulates growth of new heart blood vessels from existing ones—a “natural bypass” to help restore blood flow to hearts of people whose arteries are obstructed by fat-laden plaque. Angiogenesis may become an adjunct or an alternative to other therapies for heart disease, including surgical procedures of heart bypass surgery or angioplasty. The Committee encourages the Institute to support research to design approaches to translate knowledge of angiogenesis for use in preclinical studies and clinical applications.

Advanced non-surgical imaging technology for heart disease and stroke.—Most of the 1.1 million heart attacks and 600,000 strokes that Americans will suffer this year will be triggered by blood clots unleashed by plaque obstructions in their blood vessels. In 1998, scientists described preliminary findings on how magnetic resonance imaging (MRI) can detect these plaque obstructions. If this technology proves effective in identifying unstable plaque obstructions in the blood vessels, it will provide a new way for cardiologists to diagnose people at high risk of suffering a heart attack or stroke, and to start treatment to help stabilize the obstruction or reduce chances that a blood clot will form if a plaque ruptures. Other areas of cardiology could benefit from this technology, including guiding local injections for angiogenesis, tracking and delivering modified cells in the blood vessel system and performing biopsies. The Committee encourages the Institute to expand research on advanced imaging technology that could revolutionize the approach to patient care.

Peri-operative cardiovascular disease.—An estimated 50,000 patients have heart attacks after noncardiac surgery each year and about 20,000 of them die. Clearly, cardiac complications of noncardiac surgery comprise a major public health problem that often goes unrecognized. The Committee encourages the Institute to explore how best to address this issue.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Diabetes is a leading risk factor for heart disease and stroke. The Committee understands that insulin resistance appears to be an important factor in development of macrovascular disease and therefore the integration of the influence of diabetes in vascular disease in general and the influence of diabetes-specific complications in vascular disease should become a primary responsibility of the Institute. The Committee urges the Institute to study vascular disease with a specific focus on the unique features associated with diabetes. Also, the Institute is encouraged to expand programs related to gene engineering, gene transfer, cell and tissue regeneration—which collectively have the potential to restore the secretion of insulin—to tackle problems specific to diabetes.

Cooley's anemia.—The Committee is pleased with the progress that the Institute has made with regard to the creation of the Thalassemia Clinical Research Network that will facilitate research into Cooley's anemia, as recommended by several special emphasis panels. It is the Committee's understanding that a Request for Applications has been issued and that the Institute intends to establish the network during fiscal year 2000. The Institute should report to the Committee any changes in those plans.

Neurofibromatosis.—Significant advances continue to be made in research on NF. Recent studies have documented the involvement of NF1 in valve formation which may open up a new area for future research in congenital heart disease. The Committee recognizes that understanding how NF1 deficiency leads to heart disease may help to unravel molecular pathways affected in genetic and environmental causes of heart disease. Therefore, the Committee encourages NHLBI to expand its NF research portfolio, to coordinate its efforts with other Institutes engaged in NF research, and be prepared to report on its research at its fiscal year 2001 appropriations hearing.

Cardiovascular diseases.—The Committee continues to regard research into the causes, cure, prevention and treatment of heart attack, stroke and other cardiovascular diseases as one of the Nation's top priorities. Cardiovascular diseases remain America's No. 1 killer and a major cause of disability. Nearly 60 million (1 in 5) Americans of all ages suffer from cardiovascular diseases at an estimated cost of \$287,000,000,000 in medical expenses and lost productivity in 1999, including more than \$50,000,000,000 in direct Medicare and Medicaid expenditures. Recently published NHLBI figures show a funding decrease of 2.3 percent in constant dollars between fiscal year 1988 and fiscal year 1998 for the extramural Heart Program. The Committee continues to believe that an intensive research program on cardiovascular diseases should be a top priority of the NHLBI and of the NIH. The Committee encourages the Institute to place the high priority on cardiovascular research and to continue to support existing heart and stroke-related research and to invest in promising heart and stroke-related research initiatives.

Heart attack, stroke and other cardiovascular diseases in women.—Cardiovascular diseases remain a leading cause of disability and the No. 1 killer of American females, killing more than 500,000 of its victims each year. Cardiovascular diseases kill more females than males. More than 1 in 5 women suffer from cardiovascular diseases. The clinical course of cardiovascular disease is different in men than in women and current diagnostic capabilities are less accurate in women than in men. Despite the seriousness of these diseases in women, they are largely unrecognized by both women and their doctors. The Committee encourages the NHLBI to expand research on cardiovascular diseases in women, including studies to develop safe, efficient and cost-effective diagnostic approaches for women, and to create informational and educational programs for female patients and health care providers on heart disease and stroke risk factors as authorized under Public Law 105-340, the Women's Health Research and Prevention Amendments of 1998.

Pulmonary Hypertension.—Pulmonary Hypertension (PH) is a rare, progressive and fatal disease that affects predominantly women of all ages and races. This disease causes deadly deterioration of the heart and lungs and is a secondary condition in many other serious and fatal conditions such as scleroderma and lupus. The Committee views research in this area as a very high priority due to its deadly impact and its presumed relevance to many other diseases. These include other forms of hypertension, heart and lung diseases, and organ transplants. The Committee recognizes and applauds NHLBI's previous efforts to promote research of PH. The Committee urges the Institute to increase funding for basic research, gene therapy and clinical trials of promising pharmaceuticals, and to take appropriate measures to ensure the submission of high quality proposals in this area.

Hemophilia.—The Committee has received the comprehensive hemophilia and blood safety research plan requested from the NIH Director and commends NHLBI in coordinating the development of this plan with NIAID, NHGRI, and NIDDK. The Committee understands that NHLBI, in collaboration with the other Institutes, will be implementing the research actions specified in the report, including expanded efforts in the areas of hemophilia gene therapy, hepatitis C treatment, and research to improve blood safety and the treatment of the complications of bleeding and clotting disorders. As such, the Committee requests a report by March 31, 2000 on the funding commitments that have been made in each of these areas.

Medical devices.—The Committee encourages the Institute to support the development of new and innovative biomedical devices designed to improve human health and decrease mortality associated with cardiac disease.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 1999	\$238,318,000
Budget estimate, 2000	244,106,000
Committee recommendation	267,543,000

The Committee recommendation includes \$267,543,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. This is \$23,437,000 more than the budget request and \$29,225,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDCR supports research and research training to improve the oral health of the American people. The Institute emphasizes ways to prevent disease in high-risk groups, including the elderly, minority populations, and people with medical conditions and medications that compromise oral health. The research agenda includes studies of craniofacial genes and birth defects; bone and joint diseases; AIDS, other infections, and immunity; oral cancer; chronic pain; epidemiology; biomaterials; and diagnostic systems.

Oral health.—The Committee commends the Institute for its multi-disciplinary approach to oral health promotion, particularly in its comprehensive Dental Health Centers. The Institute is encouraged to expand its behavioral research on reducing health disparities between majority and minority populations. In particular,

the Committee encourages NIDCR to expand its investigation of effective dental care and oral cancer prevention programs in minority populations.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Persons with diabetes are prone to severe periodontal disease. The Institute is encouraged to mount an effort in diabetes that addresses this problem aimed at prevention, early diagnosis, and therapies to help persons with diabetes who have periodontal disease. Also, the Institute is encouraged to support basic research on mucosal membranes to provide insights into the pathogenesis of diabetes, immunologic responses to environmental agents, and as a means of transport and distribution of therapeutic agents.

Temporomandibular joint disorders [TMJ].—The Committee remains strongly interested in research on temporomandibular joint disorders [TMJ] and is concerned with continuing lack of resources applied to this area. Last year, NIDR convened a Technology Assessment Conference on the Management of TMJ. The Committee urges the Institute to significantly increase its efforts to implement this agenda. The Committee again calls on NIDR to form an inter-institute committee along with representatives of the Office on Women's Health, AHCPR, and CDC to develop short- and long-term research agenda and requests the agency be prepared to report on this agenda at next year's hearings. Further, studies of TMJ patients who are suffering craniofacial and systemic problems as the result of implants is recommended.

Bone Disease.—Osteoporosis and related bone diseases affect millions of Americans. The number of Americans who suffer from these diseases will continue to grow as the population ages. The Committee encourages the Institute to increase its research on osteoporosis, Paget's disease of bone, fibros dysplasia, dentinogenesis imperfecta and other bone diseases with a special emphasis on further research on bone morphogenetic proteins and cartilage-derived morphogenetic proteins which is directed to the therapeutic regeneration of bone and joint tissues.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 1999	\$996,848,000
Budget estimate, 2000	1,021,069,000
Committee recommendation	1,130,056,000

The Committee recommends an appropriation of \$1,130,056,000 for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK]. This is \$108,987,000 more than the administration's request and \$133,208,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDDK provides leadership for a national program in three major disease categories: diabetes, endocrinology, and metabolic diseases; digestive diseases and nutrition; and kidney, urologic, and hematologic diseases. The NIDDK plans, conducts, fosters, and supports a coordinated program of fundamental and clinical research and demonstration projects relating to the

causes, prevention, diagnosis, and treatment of diseases within these categories. The Institute also supports efforts to transfer the knowledge gained from its research program to health professionals, patients, and the general public.

Digestive diseases.—Diseases of the digestive system continue to affect more than one-half of all Americans at some time in their lives. Serious disorders such as colorectal cancer, inflammatory bowel disease, irritable bowel syndrome, and viral hepatitis take a significant toll in terms of human suffering, mortality, and economic burden. The Committee continues to encourage NIDDK to strike an appropriate balance between conducting basic studies on digestive diseases and bringing those research findings to the bedside in the form of improved patient care.

Crohn's disease.—The Committee has been encouraged this past year by discoveries related to Crohn's disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). These extremely complex disorders represent the major cause of morbidity and mortality from intestinal illness. The Committee continues to encourage NIDDK to give priority consideration to the following areas of IBD research: investigation into the cellular, molecular and genetic structure of IBD; identification of the genes that determine susceptibility or resistance to IBD in various patient subgroups; and coordination and integration of basic investigations designed to clarify mechanisms of action and disease pathogenesis into clinical trials, as described in the research agenda developed by the scientific community entitled "Challenges in Inflammatory Bowel Disease".

Irritable bowel syndrome.—The Committee also remains concerned about the increasing frequency of irritable bowel syndrome (IBS), a chronic complex of disorders that malign the digestive system. These common dysfunctions strike people from all walks of life and result in tremendous human suffering and disability. The Committee encourages NIDDK to provide adequate funding for irritable bowel syndrome/functional bowel disorders research and to give priority consideration to funding IBS education/scientific symposia.

Interstitial cystitis.—The Committee is aware of estimates reporting a much higher incidence of Interstitial Cystitis (IC) than had previously been reported. It is essential that accurate studies of the epidemiology of IC be planned and conducted. The Committee encourages the urology program of the NIDDK to consider supporting a comprehensive epidemiology study of IC that will include scientifically valid statistics of the incidence of the disease, the demographics, occurrence in minority populations, and the health care costs. The NIDDK Director should be prepared to report the status of this initiative during the fiscal year 2001 hearings. The Committee is pleased with the efforts the NIDDK has taken to expand research into the basic understanding of normal bladder function. The Committee, however, feels that this research must be translated into meaningful studies related to the pathogenesis and treatment of IC. Therefore, the Committee encourages the NIDDK to support research grants in IC-specific basic science research.

Digestive Disease Centers.—The Committee recognizes the success of NIDDK's Digestive Disease Centers program in addressing

a wide range of disorders that result in tremendous human suffering and economic costs. The Committee encourages NIDDK to expand this important program with an increased emphasis on inflammatory bowel disease.

Bladder diseases.—Diseases of the bladder afflict more than 35 million Americans. Incontinence affects up to 25 million people in this country, with one-half of all women experiencing the condition at some point of their lives. Serious and painful diseases such as interstitial cystitis (IC) and bladder cancer cause significant human suffering and mortality. The number of doctor visits for urinary tract infections is second only to respiratory infections, and as many as 7 million children suffer from enuresis.

The Committee is very concerned that the NIDDK is not sufficiently addressing either the clinical or basic research aspects of bladder disease. Therefore, the Committee urges the Institute to substantially enhance its research efforts on bladder disease through all available mechanisms, as appropriate, including a series of requests for applications specifically for basic bladder research, interstitial cystitis and incontinence in fiscal year 2000, and the development of multi-center research initiatives. The Committee also requests that NIDDK prepare a forecast of the amount of funding to be spent in bladder diseases in fiscal year 2001 with a justification of the dollars spent in relationship to the burden of the disease, and be prepared to discuss findings during next year's hearings.

Hepatitis C.—The Committee is pleased that NIDDK leadership was provided for a trans-institute RFP to address several significant research opportunities regarding Hepatitis C. The Committee is also pleased that NIDDK has awarded a contract to study the natural history of Hepatitis C and the long-term consequences of various therapies. The Committee urges additional funding for research focused on ancillary studies to supplement the trans-institute award and the natural history and long term therapy contract. The Committee also urges additional research on the disease complications and issues of special populations with Hepatitis C, especially minority and indigent populations, those with no insurance, individuals within prisons and those with HIV. Further the Committee urges adequate funding be provided for the establishment of two liver research centers in fiscal year 2000 to focus on necessary HCV and other liver disease research.

Toxicity of drugs.—The Committee notes that the most common cause of acute liver failure is the reaction to various prescription and over-the-counter drugs. The Committee therefore recommends the NIDDK to consider sponsoring a workshop on the toxicity of drugs and follow up with expanded funding for drug toxicity research. The Committee also urges additional research on pediatric liver disease and liver disease caused by exposure to iron.

Pediatric kidney disease.—The Committee last year called attention to the alarming number of children and adolescents suffering from kidney disease, many of whom are minorities. In calling for greater research emphasis on this vulnerable segment of our population, the Committee notes that chronic kidney failure among young people results in particularly severe consequences. Normal growth and development are impaired, and many scientists believe

that chronic kidney failure has a profound effect on the developing brain, often causing learning disabilities and mental retardation. The Committee was pleased to learn that NIDDK convened a number of experts in the field of pediatric nephrology to craft a research plan for addressing this problem, NIDDK is also encouraged to collaborate with NICHD on this effort. As a next step, NIDDK is encouraged to focus additional resources to help meet this challenge, with particular emphasis on diseases that injure the kidney in childhood and eventually lead to devastating illness in adulthood, such as diabetes and hypertension.

Behavioral and social science research.—The Committee notes that the portion of the NIDDK research portfolio devoted to behavioral and social sciences research is significantly lower than the NIH average. The Committee urges the NIDDK to fund promising behavioral social sciences research. Additionally, the Committee urges favorable consideration of research in the area of behavioral and social science factors relating to the adherence to medical recovery regimes, exercise and weight reduction programs.

Liver and biliary diseases strategic plan.—In March 1998, the NIH submitted the liver and biliary diseases strategic plan to the Committee, outlining the most significant research opportunities to prevent, treat and cure liver disease. The Committee applauds the leadership of the NIDDK and requests that the Institute be prepared to report at next year's hearing regarding progress to meet the research agenda.

Diabetes.—Diabetes affects 16 million Americans and is estimated to cost \$100,000,000,000 annually. Diabetes research has been underfunded in the past and should be expanded substantially at NIDDK and other NIH institutes. To those ends, the Committee recommends that the Institute develop a plan to incorporate the recommendations of the Diabetes Research Working Group's report into the Institute's diabetes research plans. Specifically, the Committee recommends that the Institute incorporate the recommendations outlined in the DRWG report beginning with: beta cell replacement strategies (including clinical trials); basic research in beta cell biology to develop a replenishable supply of insulin-producing cells; research into both microvascular and macrovascular complications of diabetes; and the establishment of a National Consortium for the Study of the Genetics of Diabetes to create a coordinated effort into analyzing the role of genetics in diabetes and complications.

Vascular proliferation is an important aspect of both the micro and macrovascular complications of diabetes. The Institute is encouraged to coordinate studies to achieve the maximum benefit and applicability of research findings that lead to control of angiogenesis. Also, the Committee urges NCI to support research that will adapt present technologies—such as those used with stem cell transplantation and bone marrow transplantation—to aid persons with diabetes who lack beta cell biology and cannot secrete insulin.

Diabetes in native American populations.—The Committee recognizes the Institute's interest in studying the incidence of diabetes in native American, Hawaiian, and Alaskan populations, and encourages NIH to include native Hawaiian and Alaskan populations,

the Mississippi Band of the Choctaw Indians, and the Eastern Band of the Cherokee Indians in its diabetes studies.

Diabetes in Puerto Rican and Hispanic Populations.—Hispanic Americans, particularly those of Puerto Rican and Mexican heritage, are disproportionately affected by diabetes with over 1.8 million Hispanic Americans diagnosed with the disease. The Committee encourages the Institute to undertake efforts to include this population in NIH studies and to expand research to understand why diabetes disproportionately affects this population.

Cooley's anemia.—The Committee has long supported research in the area of Cooley's anemia. Due to the numerous red blood cell transfusions that patients receive, iron accumulates in the major organs, particularly the heart and liver. The effective removal of this iron by chelating drugs requires an accurate assessment of iron levels in the patient. Accuracy is impeded by the lack of a high quality, non-invasive test to measure iron levels. In addition, compliance with treatment regimens could be enhanced by the development of a safe and effective iron chelator drug that can be taken orally, rather than infused. The Committee is pleased that NIDDK, in collaboration with NHLBI, has issued a Request for Applications for both basic and clinical research in areas related to understanding the biological consequences of iron overload and improving methods of therapy, leading to removal of excess iron. The Committee looks forward to learning of the progress made in this field in next year's hearings.

Polycystic kidney disease.—Polycystic kidney disease affects more than 600,000 Americans, and although not widely known is a life-threatening genetic disease that usually results in end-stage renal disease requiring dialysis or transplantation. The cost of caring for patients totals over \$2,000,000,000 annually. The Committee applauds the action of the NIDDK in its recent issuance of a request for applications for four new multidisciplinary research centers targeting PKD. Last year, the Committee strongly urged increased funding for these centers and is deeply concerned with the amount of dollars proposed to be allocated both for this effort and basic research. The Committee is aware of the growing evidence from the scientific community, including the NIH, that the opportunity exists to make dramatic progress toward a cure for PKD. Therefore, the Committee urges NIDDK to make every effort to expand PKD research and further urges that the recommendations of the strategic planning workshop be fully implemented on an expedited manner.

Prostatitis.—The Committee is concerned that although prostatitis is recognized as a major urological disease by the NIH they have made no successful effort to determine the economic and social impact of the disease. The Committee urges the NIDDK to develop and be prepared to report to the Committee during the fiscal year 2000 hearings, on the Institute's plan to collect accurate data. The Committee is pleased the NIDDK has initiated a multi-center study to determine the most effective methods of diagnosing and treating chronic prostatitis. The Committee is concerned, however, that because of the limited number of participating centers and the limit on the number of patients to be enrolled, the results will not be representative of the general population. The Committee encour-

ages the Institute to increase in the number of centers in areas that will increase the representative sampling of all groups including African Americans, Native Americans, Hispanics, Alaskan, and Pacific Islanders. Efforts should be made to coordinate efforts for these new centers with the VA and the DOD. Research should also be increased to determine if there is a link between prostate cancer and prostatitis.

Bone disease.—Osteoporosis, Paget's disease of bone, osteogenesis imperfecta, multiple myeloma and other bone diseases collectively strike over 30 million Americans causing pain, disability, loss of independence and even death. The Committee encourages the Institute to increase its basic biomedical research and training related to osteoporosis, Paget's disease of bone, primary hyperparathyroidism, osteogenesis imperfecta, myeloma and other bone diseases.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 1999	\$899,119,000
Budget estimate, 2000	920,970,000
Committee recommendation	1,019,271,000

The Committee recommends an appropriation of \$1,019,271,000 for the National Institute of Neurological Disorders and Stroke [NINDS]. This is \$98,301,000 more than the budget request and \$120,152,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NINDS conducts and supports a broad range of research and research training on the normal function of the brain, spinal cord, and peripheral nerves, and on neurological and neuromuscular disorders. Neurological research includes epidemiology studies to identify risk factors for disease; laboratory studies to examine the structure and function of nerve cells; and brain imaging studies to understand how the brain is affected by disease and how it operates to carry out tasks such as learning and memory. New approaches for the diagnosis, treatment, and prevention of brain disorders are evaluated in studies with patients and those at risk for brain disorders.

Alzheimer's disease.—The Committee is pleased that NINDS continues to regard Alzheimer's disease as one of its top research priorities. Today, an estimated four million Americans suffer from Alzheimer's, at an annual cost of more than \$100,000,000,000. Given the rate at which the population is aging, as many as 14 million will fall victim to this disease in the coming decades. Elsewhere in this report, the Committee notes these demographic imperatives and urges NIH to expand the current investment in Alzheimer's research. The Committee encourages NINDS to continue its close collaboration with the National Institute on Aging and the National Institute of Mental Health, and to expand its investment in research into the basic mechanisms of the disease, identifying risk factors and striving to determine how its progression can be slowed or stopped altogether.

Epilepsy.—The Committee seeks continued and intensified efforts by the Institute to create breakthroughs in the prevention, treatment and eventual cure of epilepsy. The Committee encourages the

Institute to target additional resources specifically to intractable or uncontrolled epilepsy, a disorder which affects approximately 750,000 of the nearly 3 million individuals with epilepsy. This devastating disorder, which most often begins in childhood, is strongly associated with cognitive dysfunction, apparently because of the impact of uncontrolled seizures on the developing brain in its pediatric victims. During the fiscal year 2001 appropriations hearings, NINDS should be prepared to present information about the implementation of its plan to direct more resources toward epilepsy research, and future plans for advancing research in these important areas.

The Committee was encouraged by testimony from the NINDS Director indicating that opportunities abound for progress against neurodegeneration, with Parkinson's disease leading the way. This progress is driven by new scientific understanding about the specific neuron populations affected by disease, by knowledge of the brain circuits and drug targets involved, and by technological breakthroughs including deep brain stimulation and stem cell biology. It is now evident that nerve cells degenerate. The Committee commends the Institute for its efforts, notably the establishment of additional Morris K. Udall Centers of Excellence. Capitalizing on these opportunities and resources will require a coordinated effort on the part of all NIH components concerned with Parkinson's disease as well as other agencies and private groups whose support has been so important to progress thus far. The Committee encourages NINDS to establish mechanisms such as a Neurodegenerative Disease Program Office to spearhead a public/private partnership to conquer neurodegenerative disease, and would appreciate a report on the status of these efforts prior to the fiscal year 2001 hearings.

Batten's Disease.—The Committee is very concerned over the slow pace of research in Batten's disease. The Committee believes that the Institute should actively solicit and encourage quality grant applications and take the steps necessary to assure that a vigorous research program is pursued. The Committee further urges the Institute to significantly increase funding for research on Batten's disease over the previous year's research level.

Neurodegenerative diseases.—The Committee was pleased to see that the Institute has identified neurodegeneration as a target for emphasis in its strategic planning process. Neurodegenerative diseases exact a terrible toll across the lifespan and have been largely resistant to treatment. Fortunately, new understanding of the neurodegenerative process and promising new technologies, including genetic approaches, long-term brain stimulation, and innovative cellular implant strategies, offer hope to patients and their families. The Committee encourages NINDS to continue its efforts to study neurodegeneration across the life span from birth to old age. The Committee also continues to support research investigating the role of neurotransmitters in neurodegenerative disorders.

Dystonia.—The Committee has been pleased with the extramural research initiatives that NINDS has conducted in dystonia-specific research and the increased funding it has allocated to dystonia research in the past several years. The Committee continues to en-

courage NINDS to work with the dystonia community, particularly in the study of the DYT1 gene for early onset dystonia. The Committee is pleased that NINDS will be supporting an epidemiological study on dystonia, and also encourages NINDS to explore the opportunities for increased professional and public awareness.

Intramural research.—The Institute has made significant strides in its intramural program, including the recruitment of several outstanding scientists. The Committee understands that the NINDS, in collaboration with NIMH and other neuroscience institutes, is working toward the development of an integrated neuroscience program that will promote collaboration across organizational lines.

Ataxia-Telangiectasia.—The Committee supports increased NIH support for research on the multi-system disease Ataxia-Telangiectasia (A-T). The Committee encourages additional research to increase the understanding of this terrible childhood disorder, particularly because of the critical role of the ATM protein, which may provide a significant opportunity to elucidate the pathogenesis of more common diseases, such as cancer. The Committee urges the NINDS to stimulate diverse areas of neuroscience to develop new translational approaches to understanding and treating the neurodegenerative facet of A-T in a clinical setting, in addition to supporting basic neurobiological research on A-T. The organizing and full funding of a multidisciplinary workshop focused on A-T and attended by physician-scientists is also merited to encourage new collaborations and new research strategies.

Neurofibromatosis.—The Committee seeks intensified and expanded efforts by NINDS to conduct research into the causes and prevention of NF. Of those affected by NF, nearly one-half have no prior family history of this often devastating neurological disorder. Moreover, the disorder has no demographic predilections. It affects both genders, and all races and ethnic groups equally, with the result being that the entire population is at risk for NF. Recent advances in NF research have linked NF to cancer, brain tumors, and learning disabilities. NF research therefore holds great promise for research in cancer and brain tumors. Because of the common neurological dysfunctions, both cognitive and behavioral, that are often seen in NF, research also has broad implications for a better understanding of learning and memory. The Committee therefore encourages NINDS to strengthen its NF basic and clinical research portfolio through all available mechanisms, including requests for applications and program announcements. The Committee urges the Institute to continue to coordinate its efforts with NCI and other Institutes and be prepared to report on the status of the NF research grant program at its fiscal year 2001 appropriations hearing. The Committee also encourages the Institute to continue to work with the NF research community, including patient advocacy groups, in identifying and pursuing scientific opportunities that will ultimately allow for the development of effective treatments for NF.

Stroke.—The Committee continues to regard research into the causes, cure, prevention, treatment and rehabilitation of stroke as one of the Nation's top priorities. Stroke remains the third leading killer, a leading cause of permanent disability and a major contributor to late-life dementia. The Committee continues to believe that

an intensive research program on stroke should be a top priority of the NINDS and of the NIH. Opportunities to improve prevention and to treat stroke in progress have never been greater. The Committee encourages the NINDS to place high priority on stroke research to allow the Institute to expand its stroke education program and to initiate and continue innovative approaches to improve stroke diagnosis, treatment, rehabilitation and prevention.

Decade of the Brain.—The Committee notes that the Decade of the Brain has been very successful in stimulating the development of new basic information about the brain. The Committee urges the Institute to continue to translate the basic research information to clinical research issues that can influence the prevention, understanding, diagnosis and therapy of neurological disorders.

Charcot-Marie-Tooth Disorder.—The Committee urges the Institute to expand research in Charcot-Marie-Tooth Disorder. One of the most common inherited neurological disorders, CMT affects approximately 150,000 individuals. Its victims slowly lose normal use of their hands and feet as nerves to the extremities degenerate.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. The Committee was pleased to learn that the Institute is planning to support research focusing on understanding the mechanisms and consequences of hypoglycemia on the brain in individuals who take insulin. The Committee views this as a critically important area as more people with diabetes attempt tight blood-glucose control. Also, the Committee is aware that research on diabetic neuropathy, which can lead to severe and debilitating pain, loss of sensation, and amputation in persons with diabetes, is severely underfunded when compared to its incidence and the impact that it has on persons with diabetes. The Committee understands that NIDDK is interested in substantially increasing research in this area and encourages the allocation of funding to speed expansion in this area.

ALS ("Lou Gehrig's Disease").—Amyotrophic Lateral Sclerosis (ALS) is a progressive, fatal neurological disease for which no cure exists. The disease strikes all demographic and age groups, and 85 percent of those diagnosed succumb within two to three years. Diagnosis is difficult, and can take years; there is no simple test for the disease. At the same time, over the course of this decade, there have been a number of research breakthroughs: the identification of a defective gene responsible for some cases of ALS and a better understanding of how that defective gene may lead to ALS; FDA approval of the first drug treatment of ALS; and the development of new tools for studying ALS and potential therapies for ALS. Findings with respect to ALS can lead to methods for prevention and treatment of many other neurodegenerative disorders, including Parkinson's, Alzheimer's, Huntington's, and multiple sclerosis. The Committee applauds the Institute for its emphasis on research into identification of neurodegeneration. The Committee encourages the Institute to consider a research planning workshop which would bring together ALS researchers and experts from other fields to foster new ideas and research directions that might lead to rapid advances in the understanding and treatment of ALS and related neurodegenerative diseases. The Committee also encourages the In-

stitute to continue to expand and intensify its research efforts into ALS.

Parkinson's disease.—The Committee is encouraged by continuing discoveries in the cause, pathophysiology and treatment of Parkinson's disease, and continues to seek intensified efforts by NINDS to speed the development of effective therapies for this devastating disorder. Several recent findings demonstrate a strong scientific foundation for a major new initiative in Parkinson's-focused research. The Committee also recognizes the benefits of research breakthroughs in this area on other disorders within the Institute's scope. The Committee acknowledges the 1997 enactment of the Morris K. Udall Parkinson's Research Act as a timely recognition of the scientific potential in this field and a clear statement of intent by Congress to make Parkinson's research a priority. The Committee is pleased that the Institute has funded three of the ten authorized Morris K. Udall Research Centers, but it is concerned that these initial efforts do not fully reflect the Act's intent to expand Parkinson's-focused research. The Committee encourages the Institutes to provide sufficient funds to increase such initiatives, in coordination with other relevant Institutes, in order to carry out the full intent of the Act and fully fund its authorization for research focused on Parkinson's disease.

Learning disabilities.—The Committee commends NINDS for the work conducted to explore the neurological aspects of learning disabilities. The Committee looks forward to learning the results of this work and encourage the Institute to continue to coordinate with other Institutes working on related activities.

Spinal Cord injury.—The Committee is pleased to learn of the exciting scientific advances being made on several fronts which hold much promise for progress against the devastating and lifelong effects of spinal cord injury. Research to promote regeneration and restore function to the injured spinal cord is proceeding along two promising and complementary lines—implantation of cells and modification of the injury site's environment to promote functional recovery. A particularly exciting approach involves the implantation of pluripotent, neural stem cells—undifferentiated progenitor cells with the potential to replace damaged components of the central nervous system. In addition to traditional funding mechanisms, the Committee understands that this area of research may benefit from efforts to promote new types of collaborations and to build on currently funded projects that could be expanded to include stem cell research. The Committee urges the NINDS to aggressively pursue and initiate studies that will hasten progress to restore function to the injured spinal cord and offer hope to victims of spinal cord injury and their families. The Committee requests NINDS to report on its progress in promoting research on cell replacement in spinal cord injury at its fiscal year 2001 appropriations hearing.

Mucopolipidosis Type IV.—Mucopolipidosis Type IV (ML4) is a metabolic disease caused by a genetic defect. The defect is inherited recessively, thus, both parents are normal even though each carries one copy of the defective gene. Children with two copies of this defective gene do not develop normally, which causes brain abnormalities, rendering the child unable to walk, talk, feed themselves

or perform many other motor functions. Sight is also impaired. The Committee urges the Institute to aggressively pursue and initiate studies that will hasten progress to find the defective gene.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 1999	\$1,576,104,000
Budget estimate, 2000	1,614,450,000
Committee recommendation	1,786,718,000

The Committee recommends an appropriation of \$1,786,718,000 for the National Institute of Allergy and Infectious Diseases [NIAID]. This is \$172,268,000 more than the budget request and \$210,614,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAID supports and conducts basic and clinical research and research training programs in infectious diseases, including AIDS, and diseases caused by, or associated with, disorders of the immune system. The NIAID is the lead NIH Institute charged with developing new and improved vaccines and supporting research on acquired immunodeficiency syndrome, tuberculosis, sexually transmitted diseases, and tropical diseases. The NIAID's research goal is to improve the health and quality of life of people by improving diagnosis, treatment, and prevention of diseases.

Primary immune deficiency disease.—The Committee recognizes the quality of the research that has been funded by NIAID into this class of 80 related diseases, both individually and collaboratively with nonprofit organizations. The Committee continues to believe that the planned centers of Excellence in Immunology remain an excellent vehicle for further research and hopes that they will involve existing research centers as the quickest means of promoting this effort. Most importantly, the Committee feels strongly that NIAID must take steps to address the estimated 500,000 currently undiagnosed or misdiagnosed cases through substantive participation in an education and awareness campaign currently established among NICHD, CDC, and a non-profit Foundation and is pleased that it plans to do so.

Hepatitis C.—The Committee is pleased that NIAID participated in the Trans-institute RFA for Hepatitis C, and urges additional research consistent with the recommendations made by the Hepatitis C Consensus Development Conference.

Organ transplantation research.—The Committee is aware that the NIAID is the leading NIH institute for organ transplantation research and is pleased that NIAID has funded behavioral research to focus on the issues of organ donation. The Committee urges additional research in this area.

Inflammatory Bowel Disease.—The Committee continues to note with interest a scientific research agenda for Crohn's disease and ulcerative colitis (collectively known as inflammatory bowel disease) entitled "Challenges in Inflammatory Bowel Disease (IBD)". This report identifies strong linkages between the immune system and IBD. The Committee encourages NIAID to support research focused on the immunology of IBD as well as the interaction of genetics and environmental factors in the development of the disease.

Rabies.—It has been brought to the Committee's attention that the menace of rabies-infected bats has become a dangerous problem. During the past decade, a number of cases of human rabies have resulted in death, without known rabid animal exposure. The Committee urges the Institute to expand research in the area of contacts between bats and humans in order to devise adequate protection techniques for the future. The Committee further urges the Institute to expand studies of rabies virus variants and their hosts, which are necessary to predict trends in pathogenicity which may result from drifts in virus subpopulations and to devise new modalities to contend with the increasing threat posed by the bat rabies viruses.

Lyme disease.—Lyme disease is a complex and debilitating disease that affects many systems of the body and requires long term treatment in some patients. The Committee is concerned about the development of sensitive, specific, and reproducible tests for the diagnosis of Lyme disease. The Committee urges the Institute to make the development of such tests a priority.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. The Committee is pleased with the progress the NIH Coordinating Committee for Autoimmune Disease Research has made in implementing fiscal year 1999 funds focused on a cure for autoimmune diseases. The Committee is particularly interested in the application of this research to the potential cure of Type 1 diabetes, and urges the Institute to continue such efforts in this area. In addition, the Committee encourages the Institute to focus additional resources on areas relating to stem cell biology and transplantation, clinical trials involving beta cell replacement, and immune modulation.

AIDS.—AIDS is currently the leading cause of death among African Americans and Latinos between the ages of 25 and 44 and the second leading cause of death for all Americans in that age group. This year alone, at least 40,000 Americans have been infected with HIV—half of them under the age of 25. The Committee encourages the Institute to continue to expand AIDS research.

The Committee commends the Institute for its support of a joint Uganda-U.S. study that identified a highly effective, yet simple and inexpensive drug regimen aimed at preventing transmission of HIV from an infected mother to her newborn. If implemented widely, this intervention potentially could prevent 300,000 to 400,000 newborns per year from becoming infected with HIV. The Committee encourages the Institute to continue collaborations of this nature and applauds the NIH's continued commitment to research to develop new diagnostics, therapeutics and vaccines for HIV/AIDS.

Foodborne disease.—The Committee encourages the Institute to expand its research to learn how best to identify those individuals who suffer from food allergies. While some progress has been made in this area, such as stimulating the production of antibodies that will bind with allergens to prevent reactions, the Committee encourages the Institute to expand their research efforts in this area.

Malaria.—The Committee remains concerned about the global growth rate of malaria and the growing incidence of malaria out-

breaks in the United States. Malaria results in 2 to 3 million deaths every year. Given the staggering toll of this disease, the Committee urges NIAID to make malaria research and vaccine development one of its highest priorities. The Committee encourages NIAID to continue to pursue collaborations with other public and private sector partners and international organizations to leverage resources in the global effort to eliminate this disease.

Hemophilia.—The Committee notes the significant role of NIAID in the NIH Director's report to the Committee on NIH's hemophilia research plan. As specified in the report, the Committee expects NIAID, through its on-going relationship with the national hemophilia leadership, to continue its work to address the needs of persons with hemophilia who are infected with HIV and hepatitis C.

Postpolio Syndrome.—The Committee encourages the Institute to continue and expand research into postpolio syndrome, including providing rehabilitation alternatives for postpolio patients.

Behavioral and social sciences research.—The Committee notes that the portion of the NIAID research portfolio devoted to behavioral and social sciences research is significantly lower than the NIH average. The Committee urges the NIAID to fund promising behavioral social sciences research. Additionally, the Committee urges favorable consideration of research in the area of behavioral and social science factors relating to the adherence to medical recovery regimes, exercise and weight reduction programs.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 1999	\$1,197,597,000
Budget estimate, 2000	1,226,698,000
Committee recommendation	1,352,843,000

The Committee recommendation includes \$1,352,843,000 for the National Institute of General Medical Sciences [NIGMS]. This is \$126,145,000 more than the budget request and \$155,246,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NIGMS supports research and research training in the basic biomedical sciences. Institute grantees, working in such fields as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, and biological chemistry, study normal biological processes to better understand what goes wrong when disease occurs. In this way, NIGMS supplies the new knowledge, theories, and technologies that can then be applied to the disease-targeted studies supported by other NIH components. NIGMS-supported basic research advances also regularly find applications in the biotechnology and pharmaceutical industries. The Institute's training programs help provide the scientists needed by industry and academia to maintain U.S. leadership in biomedical science.

Behavior Science Research and Training.—The Committee is concerned that NIGMS does not support behavioral science research training. As the only national institute specifically mandated to support research not targeted to specific diseases or disorders, there is a range of basic behavioral research and training that NIGMS could be supporting. The Committee urges NIGMS, in consultation with the Office of Behavioral and Social Sciences, to de-

velop a plan for pursuing the most promising research topics in this area.

Stress research.—The Committee is aware that NIGMS recently conducted a symposium on the Biology of Stress which highlighted numerous specific examples of the interaction of stress and various disease and recovery processes. The Committee urges the NIGMS to follow up the symposium with the issuance of RFAs to solicit research proposals in this subject area.

Brain injury.—The Committee supports the recommendation of the Institute of Medicine's November 1998 report, "Reducing the Burden of Injury", that there be a greater focus on trauma research and training at NIH and that NIGMS elevate its existing trauma and burn program to the division level. To accomplish this goal the Committee further recommends the expansion of research and training grants and the formation of an NIH-wide mechanism for sharing injury research information and for promoting collaborations spearheaded by NIGMS.

Minority scientists.—The Committee notes the Institute's training programs help provide the scientists needed by industry and academia and have a special focus on increasing the number of minority scientists through programs such as Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS). The Committee encourages NIGMS to continue to support these training programs.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 1999	\$753,406,000
Budget estimate, 2000	771,713,000
Committee recommendation	848,044,000

The Committee recommends an appropriation of \$848,044,000 for the National Institute of Child Health and Human Development [NICHD]. This is \$76,331,000 more than the budget request and \$94,638,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—NICHD is that component of the National Institutes of Health which is responsible for conducting and supporting research on maternal and child health, the population sciences, and medical rehabilitation. Research encompassed by these areas targets infant mortality; genetic diseases, including birth defects; mental retardation; contraceptive development and evaluation; pediatric, maternal, and adolescent AIDS; developmental biology; vaccine development; demographic and behavioral research; and restoration or enhancement of function in individuals experiencing physical disability due to injury, disease, or birth defect.

Physical disability and medical rehabilitation.—The National Center for Medical Rehabilitation Research is responsible for basic and clinical research dealing with the causes of physical disability and medical rehabilitation interventions to reduce disability, and improve the quality of life for persons with disabilities. The NCMRR is one of the newest NIH entities and is at a critical juncture in its growth. The Committee supports the programs being developed at NCMRR for Centers of Excellence and a clinical research network to serve as a resource for experiments with new

medical rehabilitation interventions. The Committee also is supportive of plans by NICHD and NCMRR to implement recommendations of the brain injury consensus conference and establish a pediatric trauma initiative.

The Committee is pleased to learn that the NICHD is addressing the issue of medical rehabilitation through the establishment of regional medical rehabilitation research networks. The multidisciplinary approach in basic, clinical and applied research that will occur in these networks is long overdue in addressing the quality of life issues for people with disabilities through research. It is often the early interventions in the physically and mentally challenged population that can optimize improved quality of life in the long term. Therefore, the Committee encourages NICHD to ensure that at least one network has specific expertise in the care, research and management of children with disabilities which includes inpatient and day treatment services; outpatient services; home and community services; and school programs for children with disorders of the brain.

Autism.—Autism is a developmental disability that typically appears during the first 3 years of life. Presently, there is no effective means to prevent the disorder, no fully effective treatment and no cure. The Committee is concerned by reports indicating an alarming rise in the incidence of autism and by the lack of concrete knowledge of the prevalence of this disability. Early intervention is critical for affected children to gain maximum benefit from current therapies but autism is easily misdiagnosed or undiagnosed. Therefore the Committee urges the Institute to develop a standardized and universal diagnostic criteria in autism to aid in earlier diagnosis and encourages the development and implementation of an awareness campaign for health professionals and for parents to learn to recognize and identify the early symptoms of autism. Noting the Director's April 1999 Report to Congress indicating an internal review to assess the need for autism awareness efforts, the Committee urges the Institute to work with NIMH and report to the Congress by January 1, 2000, on NIH's plan to implement such a program.

The Committee is encouraged by the Institutes rapid response to conduct research on the hormone Secretin as a treatment for autism and is pleased with ongoing research efforts on the genetics of autism. The Committee notes however, that it has consistently recommended the establishment of a center-based approach, similar to the one used in research on Alzheimer's disease and expanding the resources allocated to autism research. The Committee is concerned that the institutes' current collaborative grant programs on autism are not comprehensive centers which consist of a network of sites for the conduct of basic and clinical research into the cause, diagnosis, early detection, prevention, control and treatment of autism. Comprehensive centers would also help to make individuals aware of opportunities to participate as subjects in research. Further, the Committee continues to encourage the NICHD to coordinate research efforts with the NIMH and other Institutes conducting autism research.

The Committee recognizes that research into the genetics of autism is being supported by several Institutes at the NIH. Given the

difficulty of recruiting multiplex families, the Committee urges that researchers be strongly encouraged to collaborate and share this important resource and notes that a collaborative autism gene bank is already in existence, the autism genetic resource exchange. To that end, the Committee is encouraged by the efforts of the NIMH to combine data sets and directs that all Institutes conducting autism research participate in that endeavor.

The Committee encourages the interagency autism coordinating committee to continue to meet regularly and encourages that those meetings be made more meaningfully open to the public, and meaningfully inclusive of patient advocacy groups. The Committee requests that the Director be prepared to report to Congress on the goals set and progress made regarding autism research during the fiscal year 2001 hearings.

Minority women and HIV.—The Committee believes that HIV-related prevention, treatment and care needs of women, particularly minority women in underserved areas, should be a top priority in defining the HIV research agenda. The Committee encourages NICHD to continue to work in collaboration with NIAID, using nurse practitioners to educate women in the utilization of female controlled barrier methods of HIV prevention and treatment and use of psychologists to educate women in the mental health aspects of HIV/AIDS prevention and awareness.

Behavioral and Social Sciences.—The Committee recognizes the NICHD's mission to study issues related not only to individuals but to families and distinct population groups within the United States. In furtherance of this mission, the Committee encourages NICHD to support projects that investigate family functioning and child rearing practices and their effects on child well being and success among cultural minority groups. The Committee remains interested in the impact of differential family and parental practices among Asians and Pacific Islanders and encourages NICHD's continued support of the work of the University of Hawaii Center on the Family's project on this important public policy issue.

Child development and behavior.—The Committee commends NICHD for building an infrastructure to enhance research on child development and behavior. The Committee supports new initiatives to identify how behavioral roots of chronic diseases are established, and to help mediate critical behaviors that can lead to life threatening events such as automobile accidents, AIDS, and lung cancer. These include initiatives to prevent health risk behaviors and promote healthy behaviors in middle childhood.

Adolescent health.—NICHD is commended for its innovative study of adolescent health and risk. The Institute is encouraged to fund a follow-up to that study to provide a fuller picture of the health, and health risks, of the young adults in the sample. The Institute is also commended for its innovative work on reading disabilities and the acquisition of reading skills. The Committee supports the Institute's plan to expand research on the types of reading instruction that work best for majority and minority populations.

Minority women and girls.—The Committee recognizes that menarche sets the stage for significant decisions about sexual activity and contraception. As increasing numbers of adolescent women

become sexually active, it is important that factors associated with young women's sexual decision making, particularly within an interpersonal context, be understood. The Committee encourages the Institute to focus attention on behavioral, social and developmental factors that contribute to sexual decision-making among minority women, particularly youth.

Spina bifida.—The Committee is pleased that recent research findings in spina bifida research will enable many cases of this birth defect to be avoided through the use of folic acid supplements in women of child bearing age. Spina bifida is the most frequently occurring disabling birth defect, occurring in one out of every 1,000 newborns. The Committee is dismayed that current evidence demonstrates that less than 29 percent of women of childbearing age utilize folic acid supplements as a preventative. The Committee is pleased to learn that the NICHD has recently held two workshops relative to birth defects, one on the environmental factors and the second on genetic mechanisms. The Committee looks forward to hearing from the Director at next year's appropriations hearings about the recommendations of these scientific meetings relative to spina bifida research needs and the specific resource requirements necessary to implement the important initiatives outlined in the conference report.

Learning disabilities.—The Committee urges research on the outcome and effectiveness of primary and preventive health care for mothers to prevent learning disabilities in infants and children.

Emergency medical medicine.—The Committee encourages NICHD to develop a research initiative on pediatric emergency medicine, including both pre-hospital and emergency care. To date, only minimal attention has been paid to addressing this costly and important aspect of children's health care. The Committee also encourages NICHD to work closely with HRSA in the development of national educational programs and conferences to encourage and support research in emergency medical services for children.

Child development and behavioral research.—The Committee is pleased that NICHD is undertaking a number of initiatives to increase understanding of the behavioral and cognitive aspects of child development. The Committee encourages these efforts and looks forward to receiving updates on their progress.

Small grants.—The Committee is pleased to learn that NICHD recently began promoting small grants as a way to attract new investigators to child development research. The Committee encourages the Institute to examine whether B/START small grant awards as used by other Institutes would encourage interest among NICHD investigators.

Sudden Infant Death Syndrome.—The Committee is pleased with NICHD's continued efforts to extend the reach of its extremely successful "Back to Sleep" campaign to underserved populations and daycare providers. The Committee also commends NICHD's attempts to further its progress in SIDS research by initiating a third SIDS five-year research plan. This plan will continue the efforts of the past two five-year plans, which have been responsible for many of the research breakthroughs in the effort to reduce SIDS cases in the U.S.

Neurofibromatosis.—Learning disabilities occur with high frequency (30 to 60 percent) in children with NF. The Committee recognizes that NF1 provides an opportunity to uncover a molecular basis for cognitive impairment and to identify a marker for brain dysfunction, and that research in understanding the cognitive deficits in NF1 patients possesses broad application to learning disabilities in the general population. NICHD is encouraged to expand its NF research portfolio, to coordinate its efforts with other Institutes engaged in NF research, and be prepared to report on the status of its NF research portfolio at its fiscal year 2001 appropriations hearings.

Pelvic floor dysfunction and incontinence in women.—The Committee is pleased that NICHD has made initial progress by convening a workshop to examine and determine future directions for research in the area of pelvic floor dysfunction (including prolapse) and incontinence in women. It is the Committee's understanding that a Request for Application (RFA) has been issued by NICHD for basic scientific studies in this area and that two additional research RFA's for translational and clinical research are in the process of being issued. The Committee is pleased with these efforts and encourages continued collaboration among NICHD, NIDDK, the NIA, and the Office of Research on Women's Health on these initiatives.

Fragile X.—The Committee commends the NICHD for its research activities on Fragile X, the most common inherited cause of mental retardation. In its last two reports, the Committee has urged the NICHD to expand basic and applied research and testing of Fragile X. In 1998, the Committee recommended the convening of a colloquium of leading scientists to report on the most promising directions of future research and requested receipt of the recommendations emanating from the conference. The conference was held in December 1998. After due consideration of that report, the Committee urges the NICHD to implement the recommendations of the conference, especially the establishment of Centers for Fragile X research and long-term multi-center research collaborations. The Committee also urges NICHD to establish a loan repayment program for Fragile X research. The Committee urges that NICHD make funds available in fiscal year 2000 for this purpose.

Carney's complex.—It has come to the Committee's attention that NIH has recently held a meeting to discuss research opportunities into Carney's complex, a familial disorder that causes tumors on the adrenal glands of children and young adults. The Committee encourages NIH to expand research in this area.

Women's health research.—The Committee recommends that the Institute expand research directed toward women's health care throughout the life-span. There are many important areas that need to be studied, specifically the long-term consequences women suffer related to child-bearing—incontinence, uterine and rectal prolapse, and other disabling conditions.

Ob-gyn research.—The Committee commends NICHD for providing grants to ob-gyn departments at selected U.S. universities and hospitals to establish women's reproductive health research career development centers. The Committee encourages the Institute to expand these centers. At these centers, newly trained ob-gyn cli-

nicians are provided training and support to assist them in pursuing research careers to address problems in women's obstetric and gynecological health.

Preterm labor.—The Committee urges NICHD to intensify research efforts to identify risk factors and genetic influences on preterm labor to better diagnose, advise women of health risks, and prevent its occurrence. Preterm birth results in extremely costly neonatal intensive care and long term health complications. Preterm birth also accounts for about 75 percent of newborn deaths unrelated to birth defects.

Demographic research.—The Committee continues to place high priority on research which provides accurate information on population trends and problems. The Committee encourages the NICHD to continue its aggressive support for demographic research on fatherhood, early childbearing, health disparities, welfare to work transitions, and the causes and impact of migration within and across borders. NICHD is also encouraged to assure the adequate training and infrastructure support needed to sustain innovative demographic research in the decades to come.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. More than 120,000 children suffer from diabetes, making it the second most common chronic disease affecting kids. The Committee strongly encourages that NICHD place a greater priority on Type 1 diabetes research, and play the lead role with NIEHS, NIAID, and NIDDK in research related to understanding the genetics of Type 1 diabetes and discerning the environmental triggers and other factors that play a role in the immunopathogenesis of the disease. The Committee requests that the Director be prepared to report to the Committee in the fiscal year 2001 appropriations hearings on steps the Institute has taken to increase the number of Type 1 diabetes grants supported by the Institute.

Pediatric Research Initiative.—The Committee encourages the Institute to continue support for the pediatric research initiative. The Committee further encourages NICHD to expand extramural research directly related to the illnesses and conditions affecting children. Funds provided through the initiative will enable the NIH to encourage essential and promising areas of pediatric research; to assure the realization of the many opportunities for scientific advancement in caring for children; and to enhance the collaborative efforts across Institutes in the many areas where multi-disciplinary research is needed. The Committee also encourages the Institute to provide additional support for institutional and individual research training grants for medical schools' departments of pediatrics.

Pediatric kidney disease.—The Committee supports the efforts of NICHD to discuss awareness of, and research on, the growing problem of kidney disease among children and adolescents. The Institute is encouraged to coordinate these efforts with NIDDK, especially where kidney disease is known or suspected of being an antecedent of serious adult disease, such as diabetes and hypertension.

Vulvodynia.—Hundreds of thousands of women suffer from vulvodynia, a painful and often debilitating disorder of the female reproductive system. Despite its prevalence very little attention has been paid to the disorder by health professionals or researchers. In

April of 1997, NIH convened an international symposium to exchange information and develop a research agenda. Since fiscal year 1998 the Committee has called on the NICHD to support research on the prevalence, causes and treatment of vulvodynia. To date, a program announcement has been published, but no request for proposal has been made. The Committee is very concerned with the lack of progress made in this important area. The Committee strongly urges expanded research on vulvodynia and again recommends NICHD to issue a request for proposals within the first quarter of the fiscal year and to take additional steps to encourage researcher interest in this area.

Primary immune deficiency diseases.—The Committee is pleased with the comprehensive approach that NICHD has employed in its efforts to address this important class of 80 diseases. Its peer-reviewed research collaborations with non-profit organizations have been highly successful. The Committee is also well aware of the leadership role the institute has taken with regard to the establishment of a national education and awareness campaign, in partnership with the NIAID, CDC and the Jeffrey Modell Foundation. The Committee encourages NICHD to continue and expand its commitment to and support for this collaboration.

Infertility and contraceptive research.—The Committee continues to place high priority on research to combat infertility and speed the development of improved contraceptives. The Committee urges NICHD to continue aggressive activities in this area, including individual research grants and those of the infertility and contraceptive research centers.

Learning disabilities.—The Committee is pleased that NICHD continues to place high priority on learning disabilities research. The efforts to address the special needs of children affected by a learning disability and improve literacy are showing promising results. The Committee encourages NICHD to continue to focus on reading disability and mathematics development research. Additionally, the Committee urges NICHD to lead a cooperative effort to collaborate on research efforts with other Institutes working on related activities. The Committee encourage cooperation in areas where work can be shared across Institutes on behalf of individuals with learning disabilities.

Chromosome abnormalities.—The Committee urges NICHD to expand and intensify research into the treatment of mental retardation caused by chromosome abnormalities, especially the syndromes of chromosome 18.

Osteogenesis Imperfecta.—The Committee encourages the Institute to increase its research on OI with special emphasis on further research into the mapping of gene markers associated with the disease and animal models. In addition, the Committee encourages research into rehabilitation techniques.

NATIONAL EYE INSTITUTE

Appropriations, 1999	\$396,896,000
Budget estimate, 2000	406,539,000
Committee recommendation	445,172,000

The Committee recommends an appropriation of \$445,172,000 for the National Eye Institute [NEI]. This is \$38,633,000 more than

the budget request and \$48,276,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NEI is the Nation's Federal resource for the conduct and support of basic and clinical research, research training, and other programs with respect to blinding eye diseases, visual disorders, mechanisms of visual function, preservation of sight, and the special health problems and needs of individuals who are visually impaired or blind. In addition, the NEI is responsible for the dissemination of information, specifically public and professional education programs aimed at the prevention of blindness.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Despite recent advances in the prevention or delay in the onset of diabetic retinopathy, it remains the leading cause of new adult blindness. The Committee encourages NEI to play a leading role with NHLBI, NIDDK, and NICHD in funding additional research in this field focused specifically on novel therapies which could lead to the prevention or reversal of diabetic retinopathy and may have relevance to other forms of microvascular disease.

Neurofibromatosis.—The Committee urges the Institute to consider the progress being made in research into the causes and prevention of neurofibromatosis and to determine whether such progress offers new research opportunities consistent with the Institute's mission.

Low vision and the elderly.—As the size of the elderly population in this country increases, the number of people with age-related eye diseases and with low vision will increase dramatically. The Committee, therefore, supports the extension of the National Eye Health Education Program (NEHEP) activities to include low vision and its rehabilitation, in addition to its efforts concerning diabetic retinopathy and glaucoma.

Autoimmune disease research.—The Committee is concerned that little is known about the factors that determine susceptibility to autoimmune diseases, and that associated eye diseases and conditions affect so many Americans. The Committee is pleased that NEI is a key participant with NIAID and other NIH Institutes in autoimmune disease research initiatives.

Neuroscience.—The NEI is recognized as one of the leading neuroscience Institutes at NIH. The Committee is impressed by the quality of research being supported on the development of the nervous system, nerve rescue and regeneration, and also on the development of advanced non-invasive methods, to study visual processing in the brain such as functional magnetic resonance imaging. The Committee looks forward to hearing more about this exciting research.

Retinal degenerative diseases.—The Committee appreciated the presentation by the NEI Director, on the current status of research on retinal degenerative diseases, including retinitis pigmentosa and macular degeneration. The social and economic impact of these diseases is extensive and increasing. Age-related macular degeneration, in particular, will become an even greater public health problem in the years ahead. The Committee, therefore, strongly sup-

ports the Institute's decision to make retinal degenerative diseases one of its top research priorities.

Learning disabilities.—The Committee commends NEI for the work conducted to explore the visual aspects of learning disabilities. The Committee looks forward to learning the results of this work and encourage the Institute to continue to coordinate with other Institutes working on related activities.

The Committee is concerned that NIH is not devoting sufficient resources to fund promising scientific opportunities in the field of eye and vision research. Due to pressing eye and vision diseases in the aging community, the Committee urges the NIH to enhance the commitment to NEI research when assigning future priorities and resources.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 1999	\$388,477,000
Budget estimate, 2000	397,912,000
Committee recommendation	436,113,000

The Committee recommends an appropriation of \$436,113,000 for the National Institute of Environmental Health Sciences [NIEHS]. This is \$38,201,000 more than the budget request and \$47,636,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The mission of the NIEHS is to define how environmental exposures affect health; how individuals differ in their susceptibility to these effects; and how these susceptibilities change with time. This knowledge, coupled with prevention and communication programs, can lead to a reduction in environmentally associated diseases and dysfunctions.

Environmental genome project and genetic susceptibility.—The Committee encourages the NIEHS to extend its research program under the environmental genome project, especially as it relates to genetic susceptibility. Understanding the genetic basis for individual differences in susceptibility from environmental exposures will provide a better basis for the prediction of human health risks for children and adults. This information will revolutionize the diagnosis, treatment, and prevention of diseases resulting from environmental exposures. It also will provide the development of approaches to protect those individuals who are most susceptible to disease. The Committee encourages the NIEHS to continue to work with other Institutes and Federal agencies on the continuation of this important project.

Waste treatment management.—The Committee urges NIEHS to study the issue of waste treatment management by indigenous native Hawaiians, and to explore the public health implications of this issue with organizations such as Partners in Development, which is implementing the living machines approach to waste management.

Exposure assessment.—Inadequate information is available on the type, magnitude, and method of chemical exposures that humans encounter at work or play, and which of these exposures are relevant to specific diseases. The Committee is pleased to learn that the NIEHS is engaging in a new initiative to better under-

stand the result of human exposure to chemicals and the impact on public health. The Committee understands that the NIEHS is sponsoring a major symposium to establish a research plan on how to best assess the role that chemical exposures play in the etiology of specific diseases and to develop approaches for effective prevention and intervention strategies. The Committee urges the NIEHS to take a leadership role in coordinating a Federal research effort in this area.

Children's health.—The Committee is pleased to learn that the NIEHS, in collaboration with EPA, is supporting eight children's health centers focused on the environmental influences on asthma and other respiratory dysfunctions. The Committee urges the NIEHS, in a continuing collaboration with EPA, to support additional centers of excellence with a focus on disease end-points in children.

Population-based studies.—The Committee recognizes the importance of the development of environmental cohorts to help understand disease risks as a function of environmental exposures and gender. The Committee urges the NIEHS to pursue the Sisterhood Study which would focus on breast cancer. This type of study will define the environmental components of breast cancer and other diseases.

Research priority setting.—The Committee recognized NIEHS's strong commitment to seek public input in setting its research agenda, including the use of regional town meetings. The Committee is pleased to learn that the NIEHS has recently invited public input and advice about environmental health problems of concern to the American people in four regional town meetings across the country. The Committee urges NIEHS to continue the regional town meeting programs and encourages the Institute to work closely with minority communities and organizations to enhance the participation of special populations in setting the research agenda.

Eliminating disparities in health outcomes.—The Committee recognizes that many of the populations disproportionately exposed to the impact of environmental factors are minority and disadvantaged groups. This exposure manifests itself in a variety of health problems such as asthma. The Committee appreciates the outstanding environmental justice programs of the NIEHS, which serve as models for addressing this issue. The Committee urges the Institute to continue this excellent program and encourages the Institute to work closely with minority communities and organizations to enhance the participation of special populations in biomedical research.

Pediatric asthma.—The Committee applauds the joint collaboration between a major medical school and one of the nation's premiere environmental health, marine and atmospheric sciences schools to focus on pediatric respiratory diseases. This Florida-based partnership can further advance research underway on the increasing incidence of pediatric asthma and environmentally related respiratory diseases. The Committee encourages continued support for this initiative.

Human diseases.—The Committee notes that human diseases are caused by both genetic and environmental factors, or by their interaction over the course of many years. In fact, it is highly likely that

most chronic illnesses are caused by gene-environment interaction. Thus, to prevent disease initiation and development, scientists must understand the role of both genes and the environment in the etiology of human illness. Moreover, if expression of disease susceptibility or predisposition genes are dependent on specific environmental triggers, as is generally believed to be the case, then investment in environmental health research represents the most humane and cost-effective approach to preventing the suffering, loss of life, and the economic consequences of chronic diseases. The Committee urges the Director to increase research into this area.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Determining the underlying cause of Type 1 diabetes could lead to improved strategies to delay or prevent the onset of the disease in the children and young adults who are impacted. The Committee is aware that most researchers believe that Type 1 diabetes is caused by the interaction of genetic, environmental, and other factors. The Committee urges the Institute to examine research into the environmental component of diabetes as a priority area.

Lymphoma.—Lymphoma currently has one of the highest rates of incidence among all cancer in the U.S. The Committee encourages NIEHS to collaborate with NCI in an effort to better understand environmental factors that may contribute to the development of lymphoma.

Endocrine disruptors.—Endocrine disruptors are compounds in the environment which may have an effect on the thyroid and reproductive function and development. Research to learn the nature and extent to which this is a human health problem is needed. Additionally, research is needed to learn whether fish neurons can be used as a bioassay for endocrine disruptors. The Committee urges NIEHS to continue to support research in this area.

Parkinson's disease.—The Committee supports the Institute's increased emphasis on understanding the cause and pathophysiology of Parkinson's disease with a goal of prevention, effective treatment and a cure for this devastating disorder. A recent landmark finding that classic Parkinson's disease is primarily an environmental disorder joins a growing body of evidence linking Parkinson's and environmental exposures. The contributions of aging, genetics, and endogenous neurochemical factors in the disorder remain unclear, however, requiring further research before ultimate preventive and therapeutic solutions are developed. The Committee believes that a strong scientific foundation exists for research into the possible link between Parkinson's disease and environmental factors to better understand the cause and pathophysiology of Parkinson's disease. The Committee recommends NIEHS fund a major research initiative in this area and has provided sufficient resources for such an effort. The Committee requests that NIEHS report back to the Committee within 120 days on the design and scope of the initiative.

Environmental health sciences centers.—The Committee continues to strongly support the Environmental Health Sciences Centers program and believes that a fully funded Centers program is

critical to carrying out the expanding mission of NIEHS. The Committee expects these Centers to be funded at peer reviewed levels.

NATIONAL INSTITUTE ON AGING

Appropriations, 1999	\$600,136,000
Budget estimate, 2000	614,717,000
Committee recommendation	680,332,000

The Committee recommendation includes \$680,332,000 for the National Institute on Aging [NIA]. This is \$65,615,000 more than the budget request and \$80,196,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIA conducts biomedical, behavioral, and social research related to the aging process to prevent disease and other problems of the aged, and to maintain the health and independence of older Americans. Research in aging over the last two decades demonstrates that aging should not be equated with inevitable decline and disease.

Alzheimer's disease.—If left unchecked, Alzheimer's disease will become the epidemic of the 21st century, destroying the lives and savings of as many as 14 million Americans and their families. Annual costs will soar to at least \$375,000,000,000, overwhelming our health care system and bankrupting Medicare and Medicaid in the process. However, if medical science can find ways to delay the onset of Alzheimer's disease for as little as 5 years, half of its potential victims will never be disabled by the disease. And the nation will save as much as \$50,000,000,000 a year that would otherwise be spent on caring for Alzheimer's patients.

Last year, the Committee heard compelling evidence indicating that Alzheimer's actually begins to attack brain cells years before the first symptoms of the disease appear. By that time it is too late to halt or reverse the damage. In light of this new evidence, the Committee challenged the NIH and the scientific community to launch a full-scale initiative that focuses on preventing or delaying the onset of Alzheimer's disease. In response, NIA recently announced the start-up of a 3-year, multisite clinical trial to test the usefulness of two therapeutic agents to slow or stop the progression of mild cognitive impairment to Alzheimer's disease. The Committee is pleased by this action, and believes that the research infrastructure is in place to permit an acceleration of efforts to prevent Alzheimer's disease. The Committee is, therefore, urging that NIH-wide research on Alzheimer's be greatly expanded from the current \$409,000,000 funding level in fiscal year 2000. To achieve this objective, the Committee has provided additional funds for NIA as well as the National Institute of Neurological Disorders and Stroke and the National Institute of Mental Health.

Claude D. Pepper Older American Independence Centers.—The Committee continues to strongly support these successful centers which focus on developing innovative and cost effective ways to enhance the independence of older Americans. The centers also play the critical role of developing top level experts in geriatrics. The Committee urges NIA to expand these centers to include a school of nursing.

Cognition and aging.—The Committee is pleased to learn that a study now underway at the Institute of Medicine is examining the current knowledge base in the area of cognition and aging in order to identify future directions for behavioral, cognitive, and neuroscience research in this area. The Committee urges NIA to use the IOM recommendations as a guide for expanding its portfolio in this critical area of research.

Alzheimer's special care units.—NIA is commended for its innovative research on effective management of Alzheimer's disease patients through special care units and the needs of Alzheimer's care givers. The Committee also commends NIA for its efforts to plan and map promising topics in cognitive research and for its excellent public information materials encouraging older adults to exercise and stay physically active. NIA is encouraged to expand its research on health promotion interventions in aging populations.

Cardiovascular aging research.—Heart attack, congestive heart failure, stroke, and other cardiovascular diseases remain America's No. 1 killer of older men and women and a main cause of disability. Of the Americans who die from cardiovascular diseases, about half are ages 65 or older. The number of deaths from cardiovascular diseases rise significantly with increasing age—as does the number of Americans suffering from these diseases. The Committee encourages the Institute to make cardiovascular research a priority to allow the Institute to support ongoing studies and to expand into innovative extramural and intramural cardiovascular research programs.

Demographic research.—The Committee commends NIA for building and sustaining high quality data infrastructures needed to examine the changing patterns of old age, disease and disability. Implications of such data are critical in understanding the health and well-being of the elderly and their families. Federal responsibilities, such as Medicare and Social Security also depend heavily on such data. The Demography of Aging Centers are playing an important role in analyzing health disparities that persist among the elderly. The Committee looks forward to the induction of the oldest baby-boomers into the ongoing health and retirement study.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Diabetes is one of the most common chronic diseases affecting the elderly. The Committee is very pleased that the Institute is focusing resources on examining the long-term impact of living with chronic illnesses like diabetes, and also encourages the Institute to partner with other institutes to focus studies on the cure and prevention of the complications of diabetes which are more common in those who have had the illness for long periods of time. The Institute is encouraged to coordinate basic biology efforts—particularly in cell signaling and regulation, micro and macrovascular complications—with those aspects relevant to diabetes to maximize the potential clinical applications of their findings.

Parkinson's disease.—The Committee recognizes that Parkinson's disease continues to exact a costly toll on the nation, both in human and financial terms. With the average age of diagnosis at 57 years, the demographic surge of the baby boomers will vastly increase this problem. The consequences will include not only

incalculable human suffering but a further strain on Federal entitlement programs. The Committee is encouraged, however, by continued discoveries in the cause, pathophysiology, and treatment of Parkinson's disease, and by growing opportunities for collaboration with Alzheimer's disease. Given the age-related impact and the tremendous potential for development of more effective treatments, the Committee is persuaded that there now exists a strong scientific and economic foundation for a major new initiative in this area. The Committee urges the Institute to develop programs to implement the 1997 Morris K. Udall Parkinson's Disease Research Act's authorized increases in Parkinson's-focused research, in coordination with other relevant Institutes.

Bone Disease.—The Committee urges the Institute to expand and intensify its research programs on osteoporosis and related bone diseases. The Committee also encourages the Institute to work with NIAMS to expand research on these often painful and disabling diseases. The Committee also encourages the Institute to increase research on non-Caucasian women and all men. Because the major body of knowledge about osteoporosis relates to Caucasian postmenopausal women, little information is available on which to base diagnosis and treatment of other populations.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 1999	\$307,284,000
Budget estimate, 2000	314,750,000
Committee recommendation	350,429,000

The Committee recommends an appropriation of \$350,429,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]. This is \$35,679,000 more than the budget request and \$43,145,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAMS conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis; osteoporosis and other bone diseases; muscle biology and muscle diseases; orthopedic disorders, such as back pain and sports injuries; and numerous skin diseases. The research agenda of the NIAMS addresses many devastating and debilitating diseases that afflict millions of Americans. These diseases of the joints, muscles, bones, connective tissues, and skin, in the aggregate, will affect nearly every American at some point in their lives, causing tremendous human suffering and costing the Nation billions of dollars in both health care and lost productivity. The research activities of this Institute serve the concerns of many different special populations, including women, minorities, children, and the elderly.

Lupus.—Lupus is a widespread, devastating autoimmune disease that affects 1.4 million Americans, most of whom are women. Lupus is the prototypical autoimmune disease that, for reasons not fully understood, causes the immune system to become hyperactive and attack the body's own tissue. The disease affects the quality of life and can damage vital organs resulting in disability or death. Lupus and other autoimmune diseases are the fourth leading cause

of disability in women. Gaining an understanding of the factors associated with the high prevalence of lupus in women and minorities and the development of new and innovative treatments should be a high priority. The Committee urges NIAMS to explore all available scientific opportunities that presently exist in lupus research and treatment.

Osteoarthritis.—Early diagnosis of a disease is important to prevent or reduce long-term disability. For musculoskeletal conditions such as osteoarthritis, early diagnosis is hampered because of insufficient knowledge of the early stages of the disease. Osteoarthritis, which can completely destroy the joints of the hips and knees, affects over 20 million Americans, most often the elderly. With the aging of the population expected to double by the year 2020, a significant investment must be made now to reduce the burden of osteoarthritis later. If not, the dynamics of this condition in the aging population alone will generate an avalanche of costs, disability and suffering to the American people in the future. The Committee, therefore, encourages the Institute to assign osteoarthritis research a high priority.

Centers on connective tissue research.—The Committee encourages the Institute to consider supporting peer-reviewed centers based at academic institutions that would focus on connective tissue research as it relates to biomaterials. Such research could focus on designing and developing new methods to use polymers in connective tissue repair, replacement and regeneration.

Scleroderma.—Scleroderma is a chronic, degenerative disease which causes the overproduction of collagen in the body's connective tissue. It affects between 300,000 and 500,000 Americans and is often life-threatening, yet it remains relatively unknown and under-funded. The Committee urges the Institute to provide additional resources to expand the research in this area and to work collaboratively with private research foundations to coordinate research findings.

Osteoporosis.—The Committee urges NIAMS to fund additional specialized Centers for Research for osteoporosis. The Committee notes that these centers have made significant contributions to the progress of osteoporosis research and patient care and can help in reducing bone fractures and other complications from the disease.

Behavioral and social science research.—The Committee notes that the portion of the NIAMS research portfolio devoted to behavioral and social sciences research is significantly lower than the NIH average. Therefore, the Committee urges the NIAMS to fund promising behavioral social sciences research. Additionally, the Committee urges favorable consideration of research in the area of behavioral and social science factors relating to the adherence to medical recovery regimes, exercise and weight reduction programs.

Skin disease research.—The Committee has learned of the efforts by the skin disease researchers and patient advocate organizations to develop a comprehensive analysis of research opportunities and a research plan for further progress in finding cures and improving care for patients with these diseases. The Committee applauds this initiative and encourages NIAMS to publicize and support widespread use of these materials.

Fibromyalgia.—Fibromyalgia syndrome (FMS) is a clinically diagnosed disorder which is poorly understood and difficult to treat. It is a syndrome of chronic, debilitating, widespread pain, fatigue, sleep disturbance, and other associated disorders. Research in the eight years following the American College of Rheumatology's case definition of fibromyalgia and four years since the first NIH awards on fibromyalgia has created a solid body of knowledge. The Committee urges the Institute to support two centers for research into fibromyalgia. These centers would conduct multi-disciplinary studies which have the potential to add significantly to science's understanding of this complex and disabling disease.

Osteoporosis Public Education Campaign.—Osteoporosis is a major public health problem affecting 28 million Americans who either have the disease or are at risk of the disease. It causes an estimated 1.5 million fractures annually costing \$13,800,000,000 in direct medical costs. It is a preventable disease in most cases and not a necessary part of aging. A task force convened by the Office of Public Health Services on Women's Health at the Department of Health and Human Services and the National Osteoporosis Foundation has determined that a public education campaign on osteoporosis is needed. The first phase of this program was launched in 1999 and is focused on adolescent girls, ages 9 to 18. The task force recommended that in the second phase the campaign should focus on the 45 to 64 year old age group. This is an important time to evaluate their bone health and that of their immediate family. The Committee strongly urges the Institute to provide the funding and support necessary for the NIH Osteoporosis and Related Bone Diseases-National Resource Center to carry out a comprehensive public education campaign.

Ehlers-Danlos Syndrome.—Ehlers-Danlos Syndrome (EDS) is a heterogeneous group of heritable connective tissue disorders, characterized by articular hypermobility, skin extensibility and tissue fragility. This rare disease oftentimes goes undiagnosed because of the difficulty caused by multi-system involvement. The Committee urges the Institute to conduct specific research on EDS to identify improved diagnostic tools and treatment. Specifically, the Institute is encouraged to create a registry of patients with EDS to help facilitate accurate diagnosis and treatment.

Cushing's Syndrome.—Cushing's Syndrome is a hormonal disorder caused by prolonged exposure of the body's tissues to high levels of the hormone cortisol. Sometimes called "hypercortisolism", it is relatively rare and most commonly affects adults aged 20 to 50. An estimated 10 to 15 of every million people are affected each year. The Committee encourages the Institute to conduct specific research on Cushing's Syndrome, to increase awareness of the disease and improve diagnostic tools and treatment.

Duchenne muscular dystrophy.—The Committee continues to seek intensified efforts by the National Institutes of Health to develop effective therapies for this catastrophic muscle disease, which affects one of every 3,500 male children born worldwide.

The Committee has been pleased to note some modest funding increase in recent years, but much remains to be done to improve the outlook for affected patients of this most lethal genetic childhood disorder. Therefore, the Committee encourages NIAMS, in col-

laboration with other NIH institutes, to increase public awareness of this disease, increase support for basic and clinical research on Duchenne Muscular Dystrophy, and convene a scientific workshop to explore promising research efforts.

Bone disease.—Over 30 million Americans suffer from some form of bone disease. The Committee encourages the Institute to increase its research on diseases such as osteoporosis, Paget's disease of bone, osteogenesis imperfecta, multiple myeloma and other bone diseases with a special emphasis on the role that proteins such as Cbfa-a and parathyroid hormones play in the growth and development of bone; and on its research and development of selective estrogen receptor modulators (SERMS) which offer promise in the prevention and treatment of osteoporosis and related bone disease. The Committee also encourages the Institute to increase research on non-Caucasian women and all men. Because the major body of knowledge about osteoporosis relates to Caucasian postmenopausal women, little information is available on which to base diagnosis and treatment of other populations.

Reflex Sympathetic Dystrophy Disorder (RDS).—The Committee is aware of the debilitating effects of RDS. Currently, little is known about the cause of this disorder, which leads to frequent occurrences of misdiagnosis, and ultimately, the condition is mistreated or goes untreated. Given that early identification and prompt treatment are the keys to recovery, the Committee urges the Institute to consider enhancing its investigation into the cause of and most effective treatments for this condition.

NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 1999	\$231,547,000
Budget estimate, 2000	237,171,000
Committee recommendation	261,962,000

The Committee recommends an appropriation of \$261,962,000 for the National Institute on Deafness and Other Communication Disorders [NIDCD]. This is \$24,791,000 more than the budget request and \$30,415,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIDCD funds and conducts research and research training in the normal and disordered processes of human communication, specifically in the areas of hearing, balance, smell, taste, voice, speech, and language. The Institute addresses the special biomedical and behavioral problems of people who have communication impairments or disorders; is actively involved in health promotion and disease prevention; and supports efforts to create devices that substitute for lost and impaired sensory and communication functions.

Dysphonia.—The Committee continues to be pleased with NIDCD's research into spasmodic dysphonia, a voice disorder which makes speech difficult due to uncontrolled voice and pitch breaks. The Committee encourages NIDCD to enhance its intramural and extramural dysphonia/dystonia research portfolio.

Neurofibromatosis.—The Committee urges the Institute to consider the progress being made in research into the causes and pre-

vention of neurofibromatosis and to determine whether such progress offers new research opportunities consistent with the Institute's mission.

National Multipurpose Research and Training Centers.—The Committee strongly supports the National Multipurpose Research and Training Centers (RTC) program at NIDCD, and is concerned about NIDCD's decision to discontinue the program after the current awards expire. This program has a proven track record of service to the community, providing valuable continuing education to physicians and outreach to those with communications disorders and their families in addition to conducting leading-edge research. Therefore, the Committee encourages the Institute to continue supporting competitive, peer-reviewed awards through the RTC program and expects NIDCD to be prepared to report to the Committee during the fiscal year 2001 hearings on the details of past program accomplishments as well as a strategic plan to ensure the program's continued viability. Furthermore, the Committee encourages NIDCD to accept applications from current RTCs in any future peer-reviewed competition.

Patient-oriented clinical research.—The Committee is pleased to learn that NIH is committed to reinvigorating clinical research and understands that translating medical research into improved human health is dependent upon a healthy clinical research enterprise. The NIDCD has a mission of great importance to our nation's health, economic, and social well being. Thus, the Committee expects the institute to expand its support of patient oriented clinical research conducted by clinician-scientists, including physician-scientists. Particular attention should be given to supporting the Clinical Trial Cooperative Group program with emphasis on diagnostic and treatment of diseases related to communication disorders.

The Committee requests at next year's budget hearings on how best to strengthen clinical research support through multi-center clinical trials conducted by clinical trials cooperative groups.

Learning disabilities.—The Committee is pleased that NIDCD continues to support research activities focused on speech processing and on the development of expressive and receptive language. The Committee encourage continued activity and look forward to learning the results of results of this work as they hold significant promise for individuals with learning disabilities. The Committee encourages the Institute to continue to coordinate with other Institutes working on related activities.

Noise induced hearing loss.—The Committee continues to be concerned by the number of Americans suffering from noise induced hearing loss. Approximately 30 million Americans are exposed to dangerous levels of noise that can permanently impair their hearing. Ten million Americans have suffered irreversible noise induced hearing loss. The Committee has been pleased by the Institute's efforts to tackle this preventable health problem. The Wise Ears campaign has the potential to make significant inroads towards educating Americans of all ages. The Committee has included sufficient funds to expand this promising new initiative.

Stuttering.—The Committee notes that the National Institute on Deafness and Communications Disorders continues to provide inadequate funding for the research into the causes and appropriate

therapies for stuttering. Stuttering exists across all cultures, races, and socio-economic classes, affecting about one-percent of the global population and about three million Americans. Stuttering's causes remain largely a mystery, and therapies are often times expensive, ill-suited to their particular variant of the disorder, and often not covered by standard health insurance policies. Further and more focused research into the causes and features of stuttering (particularly "chronic stuttering") will lead to the development of preventive remedies; more accurate diagnoses of variants of stuttering; sounder identification of appropriate therapies for given subjects; the development of new therapies, potentially including neuropharmacological agents; and further insights about other communications disorders. Two new avenues of research hold great promise to understand the roots of stuttering: genetics and neuroimaging. The Committee urges the NIDCD to conduct a workshop early next year to explore these and other potential avenues of research; to make a significant and dramatic increase of effort, especially through cutting-edge intramural research; and to issue a request for applications as soon as practicable.

Training new investigators.—The Committee strongly urges NIDCD to support research initiatives for supporting new young investigators, because they represent the future of NIH.

Developmental biology.—The Committee believes it is critical to support research in developmental biology and other areas related to inner ear hair cell regeneration. Data is needed on mechanisms of hair cell growth and activation, and cell differentiation into hair cells and supporting cells.

The Committee recommends enhancing the focus and activity of "translational research" identifying promising basic interdisciplinary research findings (including molecular and genetic data) and developing the activities to bring them to clinical reality.

Genetics of hearing impairment.—The Committee is encouraged by NIDCD's research into genetics of hearing impairment and other communication disorders: the relationship between the phenotype and the genotype. The Committee believes a high priority should be placed on NIDCD's support of collaborative research among geneticists, molecular biologists, physiologists, anatomists and behavioralists to identify, characterize and understand the function of all genes affecting the auditory and vestibular system, and on support of efforts in research that will enhance the feasibility of gene therapies in the future.

Clinical trials.—The Committee is concerned that clinical research involving patients and treatment protocols is seriously underrepresented in the NIDCD portfolio. The Committee believes that support for randomized clinical trials to study treatment effectiveness is urgently needed. Because of the cost of clinical trials, special funding mechanisms and research on alternative research strategies should be explored. The Committee believes that NIDCD should also train investigators and reviewers in clinical trials methodology.

Communication disorders.—The Committee is concerned that NIDCD is not adequately supporting work on cellular biology and integrative neuroscience of the central nervous system (CNS) auditory, olfactory, and taste pathways, and believes that this area of

research requires considerably more attention. Understanding how the CNS process sensory information, CNS development and plasticity, and language processing by the CNS are key issues for understanding and eventual treatment of communication disorders.

Inner ear disease.—The Committee recommends that the NIDCD expand and intensify research to study the efficacy of local therapies for the treatment of inner ear disease. This will lead to utilization of new molecules and delivery systems (cannulas, bipolymers, gene therapy) to locally intervene in the inner ear in order to prevent acquired hearing loss.

Cochlear implantation.—The Committee remains committed to support work on intervention for hearing impaired people and encourages: research on methods to identify young children able to utilize a cochlear implant; research on optimal age for implantation; research data comparing efficacy of hearing aids and cochlear implants for children identified at birth with severe hearing loss; and, research on improving hearing aids and cochlear implants.

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 1999	\$70,031,000
Budget estimate, 2000	71,730,000
Committee recommendation	90,000,000

The Committee recommends an appropriation of \$90,000,000 for the National Institute of Nursing Research [NINR]. This is \$18,270,000 more than the budget request and \$19,969,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Institute of Nursing Research [NINR] supports clinical and basic research on biological and behavioral aspects of critical national health problems. The Institute's programs have established a scientific basis for research that seeks to reduce the burden of acute and chronic illness and disability for individuals of all ages; improve the quality of life by preventing and delaying the onset of disease or slowing its progression; and establishing better approaches to promoting health and preventing disease. The NINR supports programs essential to improving clinical environments by testing interventions which influence patient health outcomes and reduce costs and demands for care.

New research opportunities.—The Committee encourages the NINR to take advantage of significant new research opportunities in the following areas: enhancing adherence to diabetes self management behaviors; biobehavioral research for effective sleep in health and illness; prevention of low birthweight minorities; improved care for children with asthma; collaborative clinical trials for adherence, decisionmaking, and managing symptoms in AIDS and cancer; and expanding opportunities for pre- and post-doctoral training in nursing research at schools of nursing across the country.

Collaborative efforts.—The Committee is pleased with NINR's efforts to work collaboratively with other institutes and offices on joint program announcements and Requests for Proposals, demonstrating the integrative and supportive nature of nursing research to the mission of the other NIH institutes. The Committee

recommends that NIH augment the NINR budget as necessary to facilitate interdisciplinary research.

Wellness and health outcomes.—The Committee notes the significant contribution of nursing research to wellness and health outcomes and the disproportionately slow growth of NINR compared to NIH in general. Since 1986, NINR has received only 0.5 percent of the total fiscal NIH growth. NINR is one of only two NIH institutes since 1995 that has received growing numbers of research proposals. The Committee urges NIH to increase funding in this area to permit NINR to take advantage of significant new research opportunities in self-management of diabetes, AIDS, and cancer, biobehavioral research, pediatric asthma, and low birthweight infants in minorities.

Volcanic emissions.—The Committee continues to be concerned about the public health aspects of volcanic emissions (VOG) in Hawaii and urges the Institute to collaborate with the National Institute of Environmental Health Sciences in developing a multidisciplinary approach to this problem.

Culturally sensitive approaches to health care.—NINR efforts to understand and reduce the burden of health problems in multiple socioeconomic, race, and age groups are particularly responsive to society's present needs. The Committee encourages that NINR's efforts in ethnic, rural and other special populations be expanded to include Native Alaskan and native Hawaiian populations. The Committee also calls attention to Malama, an innovative, culturally sensitive community partnership program which addresses the prenatal care needs of minorities in Hawaii.

Behavioral changes and interventions.—The Committee agrees that research is needed to understand the complex relationship between behavior and the immune system. An area of importance in this initiative is the prevention of low birth-weight infants in underserved areas, such as rural areas of Alaska and Hawaii. The Committee strongly supports research initiatives by NINR to study modulation of immune functions by behavioral interventions.

Telehealth.—The Committee encourages the Institute to explore the relationship among telehealth, nursing, and increased access to care for prevention and treatment, particularly in underserved areas of Hawaii. The Committee is aware that there is limited data on the efficacy of telehealth nursing interventions and encourages the NINR to partner with Tripler Army Medical Center in examining telehealth and nursing research issues.

End-of-life issues.—The Committee understands that NINR has been designated as the lead Institute in a new NIH initiative that addresses health issues at the end of life. The NINR initiative emphasizes improved treatment for pain and improved diagnosis and treatment of behavioral symptoms such as cognitive problems, delirium, and depression. With its research in symptom management, decision making for patients, care giving, and optimal environments for critically ill patients, the Committee feels that NINR brings impressive experience to the lead role in end-of-life research and commends the Institute for its leadership in this area.

Nurse scientists.—The Committee notes that NIH has established several innovative mechanisms to provide training in health research careers. The Committee strongly encourages collaboration

between NINR and other Federal nursing agencies in developing innovative training opportunities for enhancing nursing research at the doctoral and postdoctoral level.

Nursing Research Centers.—The Committee notes that the development of a strong field of nursing research depends on continued support of trainees and provision of research resources. The Committee agrees with the emphasis placed by the NINR on renewing its core centers program in 2000 and encourages the development of an additional center focused on the problems of rural populations, such as those residing in Alaska and Hawaii.

Nurse managed clinics.—The Committee encourages NINR to explore a collaborative relationship with the University of Hawaii School of Nursing for developing research projects that focus on the use of nurse practitioners and psychologists as primary care providers in nurse-managed community-based centers serving rural native Hawaiian populations.

Pediatric emergency care.—The Committee strongly encourages NINR to develop a research focus on pediatric emergency care.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Until a cure is found for diabetes, it is essential that new strategies and therapies are available to assist individuals who suffer from the disease in maintaining close to normal blood-glucose levels. The Committee encourages the Institute to support such research and, in particular, urges it to focus its resources on helping children who suffer from diabetes develop new strategies and therapies by which to live with the illness.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 1999	\$259,202,000
Budget estimate, 2000	265,497,000
Committee recommendation	291,247,000

The Committee recommends an appropriation of \$291,247,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. This is \$25,750,000 more than the budget request and \$32,045,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NIAAA conducts biomedical and behavioral research for improving prevention and treatment and reducing or eliminating the associated health, economic, and social consequences of alcohol abuse and alcoholism. NIAAA provides leadership in the country's effort to combat these problems by developing new knowledge that will decrease the incidence and prevalence of alcohol abuse and alcoholism and associated morbidity and mortality. NIAAA addresses these questions through an integrated program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems. This broad-based program includes various areas of special emphasis such as medications development, fetal alcohol syndrome [FAS], genetics, and moderate drinking.

Binge drinking.—Alcohol abuse, particularly "binge" drinking and drinking with the intent to get drunk, continues to pose significant problems for college communities. The Committee strongly

supports the efforts of NIAAA's Advisory Council Subcommittee on College Drinking and encourages the Subcommittee to identify the context and consequences of college drinking and provide recommendations on the prevention and treatment of the problem.

Behavioral research on alcoholism.—The Committee understands that research in behavioral science is an integral part of NIAAA's mission, reflecting the central role of behavior in all dimensions of alcohol abuse and alcoholism. The Committee commends NIAAA's expansion of its behavioral science portfolio to include basic research of the underlying psychological and cognitive processes involved in alcohol related behaviors and encourages the Institute's efforts in this area.

Young Behavioral Science Investigators.—The Committee commends NIAAA's establishment of its Behavioral Science Track Awards for Rapid Transition (B/START-NIAAA), a program of small grants for young investigators in behavioral science research. The Committee views this as essential for ensuring the supply of scientists needed to examine the numerous behavioral factors that play a central role in alcohol abuse and alcoholism. The Committee would like a report by next year's hearings on the progress of this program.

Alcohol abuse health services research plan.—The Committee understands that the National Advisory Council on Alcohol Abuse and Alcoholism has developed a comprehensive plan for health services research, improving the delivery of alcohol treatment and prevention services. The Committee views health services research as an essential part of alcohol treatment and prevention, and would like the Institute to report on its progress in implementing this plan at next year's appropriations hearings.

Fetal alcohol syndrome (FAS).—Fetal Alcohol Syndrome (FAS) is the leading preventable cause of mental retardation and birth defects in the United States. The Committee anticipates productive results from the new RFA on the prevention of FAS and recommends that NIAAA sponsor additional research on the prevention of drinking during pregnancy and on effective treatments for children who have been exposed to alcohol during gestation. The Committee encourages NIAAA to provide leadership to improve the diagnosis of alcohol-related neurological and behavioral deficits and to conduct research to support the development of pharmacological interventions for the identification and treatment of deficits in early childhood. The Committee also commends NIAAA for leadership in chairing the Interagency Coordinating Committee on Fetal Alcohol Syndrome (ICCFAS). The Committee is pleased with the report of the ICCFAS and NIAAA's leadership of this initiative.

The Committee urges the NIAAA to develop and support a National Clearinghouse on Alcohol-Related Birth Defects. FAS is caused by maternal alcohol use during pregnancy and is manifested in neurological and motor deficits, mental retardation, learning disabilities, and craniofacial malformations, among other symptoms. The societal cost of FAS is estimated at \$3,400,000,000 annually. There is a strong need to fully inform women of child bearing age about alcohol-related birth defects and to get the message to health professionals. The Clearinghouse should serve as a national resource to educate the public about dangers of drinking alcohol

during pregnancy and to develop science-based prevention and education strategies to address this major preventable health problem.

Genetics.—The Committee acknowledges research funded by NIAAA which demonstrates the role of genetic factors in alcoholism. The Committee is excited by the discovery of the NIAAA-funded Collaborative Study on the Genetics of Alcoholism (COGA) on areas of the genome that are potentially related to alcoholism. The Committee is aware that these data will be released to the scientific community this fall and encourages access to, and continuing analyses of these data by the broader scientific community.

Neuroscience.—Neuroscience research funded by NIAAA continues to play an important role in determining the biological basis of alcohol-related behaviors. The Committee recognizes NIAAA's extensive neuroscience portfolio and supports continued research in areas such as neural circuitry, the action of alcohol on cell membranes and receptors, and the mechanisms of craving, reward, and reinforcement. The Committee anticipates the development of new medications for treatment of alcoholism and related disorders that will follow on this research.

Medications development.—The Committee commends NIAAA's new initiative to develop medications based on the developing understanding of the neuroscience of alcohol. The development of medications and their testing in clinical trials are essential for expanding treatment options in this devastating disease. The Committee encourages NIAAA to continue research on methods for delivering drugs across the blood-brain barrier and on medications that target specific receptor subunits in the brain.

Alcohol and hepatitis C.—Alcohol consumption in patients infected with hepatitis C virus markedly increases liver damage and worsens the prognosis of the disease. The Committee recognizes that nearly 4 million Americans are infected with hepatitis C, which causes an estimated 8,000–10,000 deaths per year. The Committee commends NIAAA for working with other NIH institutes to cosponsor a successful symposium and request for application (RFA) on hepatitis C. The Committee is also pleased by the new RFA that focuses specifically on alcohol and hepatitis C. The Committee urges further research and collaboration on this significant topic.

Alcoholic liver disease.—The Committee recognizes that alcoholic liver disease (ALD) is a major cause of morbidity and mortality in this country. Developing effective interventions for this disease is of paramount importance. The Committee is pleased by the NIAAA-funded research on ALD, such as the role of cytokines in the inflammatory response, and recommends that NIAAA sponsor additional research on treatment.

Research to Practice Forum.—The Committee commends NIAAA for cosponsoring the Research to Practice Forum with SAMHSA, the New York State Office of Alcoholism and Substance Abuse Services, the Association of Alcoholism and Substance Abuse Programs of New York State, and the American Society of Addiction Medicine. This event focused on bridging the gap between researchers and practitioners and translating scientific research into clinical applications. The Committee encourages NIAAA to support the implementation and evaluations of research-based services within

the alcohol treatment system. Further, the Committee encourages NIAAA to further evaluate this work as a model for use with other states.

Alcoholism in children and adolescents.—The Committee remains acutely concerned over the high incidence of alcoholism and alcohol abuse among children and adolescents of Native Alaskan and native Hawaiian descent. The Committee urges the NIAAA to work with existing native American and native Hawaiian organizations to assess and increase their effectiveness.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 1999	\$607,979,000
Budget estimate, 2000	622,751,000
Committee recommendation	682,536,000

The Committee recommends an appropriation of \$682,536,000 for the National Institute on Drug Abuse [NIDA]. This is \$59,785,000 more than the budget request and \$74,557,000 more than the fiscal year 1999 appropriation. The comparable numbers for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—Created in 1974, NIDA supports about 85 percent of the world's biomedical research in the area of drug abuse and addiction. The Committee commends NIDA for demonstrating through research that drug use is a preventable behavior and addiction is a treatable disease. NIDA's basic research plays a fundamental role in furthering knowledge about the ways in which drugs act on the brain to produce dependence, and contributes to understanding how the brain works. In addition, NIDA research identifies the most effective pharmacological and behavioral drug abuse treatments. NIDA conducts research on the nature and extent of drug abuse in the United States and monitors drug abuse trends nationwide to provide information for planning both prevention and treatment services. An important component of NIDA's mission is also to study the outcomes, effectiveness, and cost benefits of drug abuse services delivered in a variety of settings.

Methamphetamine.—The Committee is very disturbed by the explosion in methamphetamine abuse across the nation. The problem is essentially acute in Iowa and other Midwestern states. The Committee urges NIDA to expand its research on improved methods of prevention and treatment of methamphetamine abuse and expects to be briefed on these efforts by December 1, 1999.

Hepatitis C.—The Committee is pleased that NIDA participated in the Trans-institute RFA for Hepatitis C, and urges additional research consistent with the recommendations made by the Hepatitis C Consensus Development Conference.

Behavioral sciences.—The Committee understands that behavioral intervention is a critical element in halting drug abuse. The Committee continues to support NIDA's expansion of its behavioral science portfolio and views NIDA as a model of how to approach its behavioral science and public health responsibilities.

Clinical trials.—The Committee is pleased with NIDA's continuing progress in developing behavioral and pharmacological drug abuse treatments, and supports NIDA's initiative to establish a national drug abuse treatment clinical trials network. The Com-

mittee commends NIDA's leadership in forging strong partnerships with treatment researchers and community-based treatment providers to assure that new treatments are tested and incorporated into ongoing drug treatment programs.

Neuroscience.—The Committee recognizes that basic neuroscience provides a foundation for NIDA's research portfolio. Basic neuroscience research has advanced the field's understanding of drug abuse and addiction. The Committee urges NIDA to continue its efforts to develop new areas of neuroscience research.

Genetic vulnerability.—The Committee understands that both genes and environment influence drug abuse and addiction. The relationship between the two is complex, requiring continued research in areas of behavioral genetics, psychiatric and epidemiological genetics, molecular genetics, and population genetics. The Committee encourages NIDA to expand its development of this area of drug and addiction research.

Children and adolescents.—Recognizing the devastating impact of drug addiction on children and youth, the Committee commends NIDA's children and adolescent research initiative. The Committee urges NIDA to expand its research portfolio in areas of co-occurring mental disorders, developmental consequences, prenatal exposure, genetic vulnerability, and environmental risk factors.

Medications development.—The Committee encourages NIDA to study the development of anti-addiction medications, to clarify the neurological and behavioral benefits of the use of pharmacological agents, and develop an understanding of how best to use these medications.

Nicotine research.—The Committee recognizes that the consequences of nicotine addiction are substantial to adults, children, and adolescents, and commends NIDA's support of research yielding effective replacement therapies and behavioral interventions. The Committee encourages NIDA to continue to develop research on the prevention and behavioral and pharmacological treatment of nicotine addiction. The Committee supports NIDA's ongoing research in the basic sciences, behavioral and medical treatments, genetic vulnerability, and epidemiology of nicotine use and abuse.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 1999	\$855,210,000
Budget estimate, 2000	875,993,000
Committee recommendation	969,494,000

The Committee recommends an appropriation of \$969,494,000 for the National Institute of Mental Health [NIMH]. This is \$93,501,000 more than the budget request and \$114,284,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The research programs of the Institute lead the Federal effort to identify the causes of—and the most effective treatments for—mental illnesses, which afflict more than one in five Americans. Severe mental illnesses affect 2.8 percent of the U.S. adult population annually, or approximately 5 million people. These individuals suffer from disorders such as schizophrenia, manic-depressive illness, major depression, panic disorder, and ob-

sessive-compulsive disorder. One result of the Federal research investment has been a growing awareness that undiagnosed and untreated mental illness, in all its forms and with all of its consequences, is as damaging as physical illness is to the Nation's well-being.

A recent study by the World Bank, WHO, and Harvard University found that mental disorders currently account for 4 out of 10 leading causes of disability in the United States for individuals above the age of 5. These alarming statistics make it clear that mental disabilities have a profound social and economic impact.

Alzheimer's disease.—The Committee notes that NIMH's expanding neuroscience and behavioral research portfolios continue to play an instrumental role in advancing science's understanding of Alzheimer's disease. It was NIMH-supported researchers, for example, who found that a particular gene product, APO E-4, is associated with increased behavioral disturbances in Alzheimer's disease. NIMH is urged to continue its close collaboration with the National Institute on Aging and the National Institute of Neurological Disorders and Stroke, and to expand its investment in research on Alzheimer's disease.

Behavioral research.—The Committee notes that NIMH has strengthened its infrastructure to manage more optimally both basic and applied research on behavioral processes. The Committee is pleased that the National Advisory Mental Health Council has now established a subgroup to improve connections between basic and behavioral research and clinical and applied issues. The Committee requests that the Institute be prepared to report on specific research and training initiatives during next year's hearing. The Committee commends NIMH for its initiative to increase the connections between academic departments of psychology and schools of public health with a goal of more research with a joint perspective in public health and behavioral research.

Women and mental health.—The Committee contends that mental health services research involving and affecting women and girls, particularly among minorities, should receive increased attention. The Committee urges the Institute to identify and examine the critical barriers to the utilization of vital preventive health and mental health services. In addition, the Committee encourages the Institute to develop and evaluate behavioral interventions for health promotion and disease prevention among minority women and girls.

Violence against women.—The Committee encourages NIMH to focus more attention on research into prevention, treatment and intervention and subsequently to pursue large-scale clinical trials of violence against women, including behavioral and psychosocial factors.

Social work research and development.—The Committee commends NIMH for funding its eighth social work research development center, and encourages NIMH to consider expanding the number of centers.

The Committee remains very supportive of NIMH's efforts to develop a cadre of Native Hawaiian mental health researchers, utilizing the expertise of their senior mentors. Native Hawaiians have historically experienced a disproportionate incidence of various

mental health problems, including depression. In order to effectively address these issues in the long run, NIMH should establish a Native Hawaiian center of excellence in mental health.

Emergency medical services.—The Committee commends the work supported by NIMH on mental health issues related to emergency medical services for children through the University of Tennessee, and also the collaboration of NIMH with HRSA in funding the National Congress on EMSC in 1998. The Committee encourages NIMH to enhance its support of EMSC-related projects and to continue to work with HRSA in educational programs on EMSC such as national conferences.

Suicide.—The tragic suicide deaths of nearly 30,000 Americans each year points up a national public health emergency. Research to solve this health crisis is constrained, however, by legal and ethical considerations necessary in planning treatment studies that would involve the participation of persons who are at high risk for suicidal behavior. Thus, the Committee looks forward to hearing from NIMH about the development of research networks fully informed of appropriate measures and protocols necessary to test treatments for persons at high risk for suicidal behavior. To accomplish this requires a consensus of suicidal behavior measurement and, in conjunction with the Office of Protection from Research Risks, the development of safeguards and ethical guidelines that will allow clinical trials (both treatment efficacy and effectiveness studies) that involve individuals at high risk for suicidal behavior.

The Committee understands there is a need for NIMH research examining the extent to which improving the abilities of primary health care providers to recognize and treat major depression will prevent suicides among the nation's rapidly growing elderly population. The Committee is encouraged that NIMH, SAMHSA, HRSA, and the VA are collaborating on efforts to improve the tools and methods used for assessing suicidal behavior in evaluations that these agencies are conducting of approaches to treating later life mental and substance abuse disorders in primary care settings.

Depression.—The Committee urges the NIMH to expand funding of research that will help explain depression, including the search for genes through which susceptibility is inherited, environmental risk factors that may interact with genetic factors, and biological changes in the brain associated with this prevalent disorder. The Committee is pleased with NIMH's emphasis on funding clinical research to develop new ways to treat children and adolescents for depression and to adequately test the effectiveness of adult medications being routinely prescribed for children. The Committee also supports NIMH's major clinical research effort in bipolar disorder, and its commitment to assess different treatments and therapies for treatment-resistant depression.

Women and depression.—In the United States twice as many women as men are affected by a depressive disorder, such as depression, anxiety disorders, and eating disorders. More research is needed to understand, treat, and prevent these disorders in women, including the links between hormonal, psychological, social, and cultural factors. More research is particularly needed to identify risk and protective factors during girls' adolescent years and other populations of women. The Committee urges NIMH to expand re-

search and therapeutic attention to women with depressive symptoms who do not meet criteria for major depression. The Committee applauds NIMH for its work on postpartum depression and urges the Institute to continue its work, particular on women who with a history of depression, prior to pregnancy.

Autism.—Autism is a developmental disability that typically appears during the first 3 years of life. Presently, there is no effective means to prevent the disorder, no fully effective treatment and no cure. The Committee is concerned by reports indicating an alarming rise in the incidence of autism and by the lack of concrete knowledge of the prevalence of this disability. Early intervention is critical for effected children to gain maximum benefit from current therapies but autism is easily misdiagnosed or undiagnosed. Therefore the Committee urges the Institute to develop a standardized and universal diagnostic criteria in autism to aid in earlier diagnosis and encourages the development and implementation of awareness campaign for health professionals and for parents to learn to recognize and identify the early symptoms of autism. Noting the Director's April 1999 Report to Congress indicating an internal review to assess the need for autism awareness efforts, the Committee urges the Institute to work with the NICHD and report to the Congress by January 1, 2000, on NIH's plan to implement such a program.

The Committee recognizes that research into the genetics of autism is being supported by several Institutes at the NIH. Given the difficulty of recruiting multiplex families, the Committee urges that researchers be strongly encouraged to collaborate and share this important resource and notes that a collaborative autism gene bank is already in existence, the autism genetic resource exchange. To that end, the Committee is encouraged by the efforts of the NIMH to combine data sets and urges that all Institutes conducting autism research to participate in that endeavor.

The Committee encourages the interagency autism coordinating committee to continue to meet regularly and encourages that those meetings be made more meaningfully open to the public, and meaningfully inclusive of patient advocacy groups. The Committee requests that the Director be prepared to report to Congress on the goals set and progress made regarding autism research during the fiscal year 2001 hearings.

Suicide in children and adolescents.—With regard to the tragic problem of suicidal behavior in children and adolescents, the Committee is pleased that NIMH is supplementing existing longitudinal studies of young people at risk, to add measures and analyses of suicidal behavior. More accurate information about risk factors for such behaviors should lead to more targeted suicide prevention trials in youth.

Clinical research.—The Committee supports NIMH's commitment to supporting major new clinical research efforts in treatment resistant depression, bipolar disorder, psychotic disorders and in depression in children and adolescents. The Committee expects that the knowledge that will be developed by these studies will have significant impact on the incidence of suicidal behavior in all age groups.

Diabetes.—The Committee urges the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Also, the Institute is encouraged to support research into assisting children who suffer from diabetes by developing strategies appropriate for children in maintaining normal blood glucose levels. In addition, the Institute should support research in helping children cope with living with chronic illnesses like diabetes and avoid the depression, risky behavior, and eating disorders that are common side effects of the disease.

Gambling.—The Committee recently held a hearing and received testimony regarding gambling from scientists, members of the public, and members the National Gambling Impact Study Commissions. In the Commission's final report, recommendations were made calling for additional support of investigator-initiated peer-reviewed research that would lead to a better understanding of the underlying mechanisms involved in pathological gambling behavior. The Committee is aware that the National Institute of Mental Health [NIMH] has issued a program announcement to encourage research grant applications in this area, and encourages NIMH to reissue this announcement to permit funds to be used to supplement existing research grants to support peer-reviewed research, especially in the areas identified by the Commission. The Committee further encourages collaboration with other NIH institutes.

Youth violence.—The Committee is deeply concerned about the recent wave of school shootings across the country, and believes that the NIH has an important role to play in helping policy makers understand and respond to the causes of such violent antisocial behavior. The Committee encourages NIMH as well as other institutes to increase support for behavioral research relating to violence, and to provide ways to better understand how to apply the knowledge from this research when designing effective treatment and prevention programs.

Fragile X.—Fragile X is the most common inherited cause of mental retardation, first manifesting during childhood, but also affecting large numbers of adults. Fragile X is also the most common single-gene neuropsychiatric disease known, and as such is of vital interest to NIMH. Fragile X is potentially important as a research model for neuropsychiatric disorders such as schizophrenia, mood disorders, and autism. Individuals with fragile X constitute a remarkably homogeneous study population for advancing our understanding of these disorders.

Recent years have seen a convergence of research in psychiatry and molecular biology which are now beginning to help researchers understand the biological basis of human behavior and intelligence, as well as mental illness, on an increasingly more detailed level. Yet very few studies have utilized the most recent and advanced psychiatric research techniques to examine fragile X. The Committee urges the NIMH to promote increased awareness of this disorder among psychiatrists who treat adults with fragile X for the psychiatric manifestations of this disease. NIMH is also encouraged to promote rigorous scientific study of the currently available treatments commonly employed in fragile X patients, and to investigate promising new psychopharmacologic interventions.

Patient protection.—The Committee notes the NIMH's leadership role in developing procedures and safeguards to improve the protection of people with cognitive disabilities when they volunteer to participate in research. At times, some of these individuals may lack the capacity to fully understand the purposes of the research and to give their informed consent to participation. Advances in genetics also have created new ethical questions for researchers. The Committee supports NIMH's range of internal and external activities focused on ethical concerns related to research, including research on informed consent, and its efforts to work closely with other government agencies in this regard.

Children's mental health.—The Committee is aware of NIMH's focus on funding additional research on children's mental disorders, with a special emphasis on gaining a clearer knowledge of the extent of mental disorders in children. The Committee encourages this emphasis to continue, including NIMH's efforts to encourage more scientists to build careers in this field. Woefully little is known about mental illness in children, and there are far too few investigators in this area. In addition, little is known about the long-term effects of the medications that—although approved for adults—are also the front line of treatment for children. Psychiatric disorders are not easily recognized in children, yet in many cases the mental disorders of childhood are the precursors of adult, or lifetime, mental illnesses. It is now known that many children and adolescents suffer from depression, which in its most severe forms may underlie acts of violence, including the self-inflicted violence of suicide. It is critical, therefore, that better understanding of the causes and the best interventions in these illnesses be a priority in order to prevent many cases of adult mental illness.

Learning disabilities.—The Committee commends NIMH for the work conducted to explore the neurological and behavioral aspects of learning disabilities. The Committee looks forward to learning the results of this work and encourages the Institute to continue to coordinate with other Institutes to work on related activities.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 1999	\$269,086,000
Budget estimate, 2000	275,622,000
Committee recommendation	337,322,000

The Committee recommendation includes \$337,322,000 for the National Human Genome Research Institute [NHGRI]. This is \$61,700,000 more than the budget request and \$68,236,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NHGRI coordinates extramural research and research training for the NIH component of the human genome project, an international effort to determine the sequence of the 3 billion base pairs of DNA which constitute the human genome and to develop research tools and technologies to identify the estimated 80,000 genes, characterize their function, and understand their influence on human disease. The division of extramural research supports research in genetic and physical mapping, DNA sequencing and technology development, data base management and analysis,

and studies of the ethical, legal, and social implications of human genome research. The division of intramural research [DIR] focuses on applying the tools and technologies of the human genome project to understanding the genetic basis of disease and developing DNA-based diagnostics and gene therapies. Since its establishment in 1993, the intramural program has developed a strong research program and forged collaborative ties with several of the NIH research institutes to unravel the complexities of genetic diseases such as diabetes, breast and colon cancer, and melanoma.

The Human Genome Project.—The Committee understands that during fiscal year 1999 all partners in the international Human Genome Project dramatically accelerated the production of the human sequence. The Project now estimates that the complete, highly accurate, finished human sequence will be done by 2003, two years ahead of the original projection. In addition, the Committee understands that a working draft sequence, comprised of 90 percent of the human genome, is expected to be completed by the Spring of 2000. All this sequence produced by the Human Genome Project is being deposited within 24 hours of completion into a public database that is freely accessible to any researcher with access to the Internet. The Committee believes that the rapid and free availability of the human sequence will be of great value to the research community and will greatly enhance investigators' abilities to understand, diagnose, and treat disease. The Committee encourages the Institute to maintain its commitment to this ambitious schedule.

The Committee also comments the Institute for its activities examining the ethical, legal, and social implications (ELSI) of the Human Genome Project and of research involving human genetics. Addressing these issues is critical in order to ensure public confidence in, and access to, new genetic knowledge and technologies. In particular, the Committee supports the Institute's ongoing efforts to examine issues involving the privacy and fair use of genetic information, the clinical integration of genetic information and technologies, ethical principles in genetics research, and public and professional education.

Diabetes.—The Committee encourages the Institute to review and implement the recommendations of the Diabetes Research Working Group report. Defining the specific genes involved in Type 1 and Type 2 diabetes is essential to preventing the disease and could lead to improved therapies. The Institute should work with NIDDK, NIAID, NIAMS, NICHD and other interested institutes on a project to create a consortium for the study of the genetics of diabetes.

Microarray analysis technology.—The Committee encourages the Institute to consider establishing a research center that focuses on the less costly and less time consuming practice of utilizing microarray analysis technology on chickens to characterize gene functions. The Committee urges the Institute to explore microarray technology which could permit researchers to identify the function of several genes simultaneously, an approach which could prove to be more cost-effective.

Clearinghouse for rare disorders.—Approximately 6,000 of the 7,000 genetic disorders are rare disorders. Unfortunately, there is

no centralized clearinghouse for the public and health professionals on these disorders. Accordingly, the Committee encourages NHGI, in collaboration with the Office of Rare Diseases, to establish an information center on rare and genetic disorders to disseminate information, knowledge and understanding of rare and genetic disorders.

NATIONAL CENTER FOR RESEARCH RESOURCES

Appropriations, 1999	\$554,643,000
Budget estimate, 2000	568,119,000
Committee recommendation	625,988,000

The Committee recommends an appropriation of \$625,988,000 for the National Center for Research Resources [NCRR]. This is \$57,869,000 more than the budget request and \$71,345,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The NCRR develops and supports critical research technologies and shared resources that underpin research to maintain and improve the health of our Nation. The NCRR programs develop a variety of research resources; provide biomaterial and resources for complex biotechnologies, clinical research, and specialized primate research; develop research capacity in minority institutions; and enhance the science education of precollege students and the general public.

IDeA grants.—The Committee has provided \$20,000,000 for the Institutional Development Award [IDeA] Program authorized by section 402(g) of the Public Health Service Act. This is \$10,000,000 over both fiscal year 1999 and the budget request. The program is intended to broaden the geographic distribution of NIH funding of biomedical research by enhancing the competitiveness of biomedical and behavioral research institutions which historically have had low rates of success in obtaining funding. The Committee intends that the increase will be used in eligible States to co-fund high quality applications for shared instrumentation and RO-1 proposals to those who would otherwise not receive support under the normal peer-review cycle. The Committee believes that the existing Shannon Awards Program can serve as the model for deciding which grants should be selected by NCRR for funding under the expanded IDeA Program.

Proton therapy.—The Committee is impressed with the promise of proton therapy using sophisticated nuclear particle accelerators to reach cancer tumors without collateral damage to surrounding tissue. The Committee urges priority consideration for a facility construction proposal from a university-based health science center with significant and long term success with clinical research in radiation oncology techniques.

Animal research facilities for minority health profession schools.—The Committee has carefully reviewed documentation identifying the need for the upgrade of animal research facilities at minority health professions schools. The Committee encourages the NCRR to begin an aggressive effort to work with the minority health professions schools to provide grants to upgrade their animal facilities in an effort to assist them in complying with Federal

laws and regulations, and to seek and receive accreditation by the appropriate scientific accreditation organization. The Committee encourages the Director to consider waiving the matching requirement for qualified applications from minority health professions schools. The Committee has provided funding for the NIH Minority Health Initiative in the Office of the Director and encourages the Office of Research on Minority Health to continue to contribute to this important research infrastructure building program.

Plant-based medicines.—The Committee supports the need to accelerate the commercialization of plant-based medicinal products and encourages the Institute to develop and begin to implement an action strategy to achieve this goal in a cost-effective and timely manner.

Human islet transplantation.—The Committee supports consideration of the designation of the former NIH/Perrine Campus-based animal research facility in South Florida as a Clinical Diabetes Islet Transplantation Research Center. The Committee also encourages consideration of the request to develop the facility on a collaborative basis, working with NIDDK to facilitate a partnership with the Naval Medical Research Center and the Walter Reed Army Medical Center that will benefit research entities nationally and respond to the critical need for islet transplantation research and technology.

Primate Centers.—The Committee is pleased with the addition of an eighth Regional Primate Research Center during fiscal year 1999. The new center will complement existing centers by providing outstanding expertise in primate genetics and chronic disease research, and by strengthening the current program's capabilities in infectious disease research. The Committee is aware that initial funding to the new center was well below the NIH peer review system recommended funding level. The Committee encourages the NCRR to increase support for the center.

Diabetes.—The Committee urges the Center to review and implement the recommendations of the Diabetes Research Working Group report. The Committee understands that there is a shortage of human islets for basic and clinical research and recommends that the NCRR fund regional resource centers to focus specifically on supplying human islet cells for researchers. The Committee understands that plans for a set of such centers is in the initial stages and would like to see NCRR play a major role in the funding and oversight of such centers to ensure that human islet cells are purified and shipped to researchers around the country for experimentation. The Committee urges the Center to give its fullest consideration to funding a project that would establish such a resource. Also, the Committee urges NCRR, through the general clinical research centers program, to support research projects focused on transplantation of insulin-producing cells.

Gene Therapy.—The Committee has learned of the tremendous commitment that the Center has made to supporting a gene therapy monitoring center. CF provides an excellent model for the evaluation of novel approaches to gene therapy in the management of genetically-based diseases. Thus, CF research is a high priority for the Committee in defining approaches for the effective treatment and cure of genetically-based diseases. The unique contribution of

the Center to this important disease is critically important to effectively and efficiently translate research progress from the laboratory to the clinical area in genetic diseases and the Center is commended for its support to realize this objective.

Science Education Policy Awards.—The Committee urges the Institute to increase public understanding of health and medical sciences at institutions around the country. The Committee urges the Director to support efforts to modify and expand the Science Education Partnership Awards program to more closely follow the National Science Foundation's Informal Science Education program.

Research resource centers.—The Committee urges the NCRR to support research resource centers for the development and optimization of functional MRI technology that can be applied to the largest possible general population of patients in the field of neuroscience, including those difficult to manage such as children and obese patients. The Committee recognizes the diversity in technology in the MRI technology field and encourages the NCRR to support a research resource center in functional MRI technology development that reflects the current state of clinical practice using a magnet strength in common clinical use.

The Committee also urges NCRR to support research resource centers for the development and refinement of positron emission tomography (PET) as a unique imaging technology to diagnose and stage diseases of the brain, including Alzheimer's disease.

As funding for medical research is doubled over the next five years, the already serious shortfall in the modernization of the nation's aging research facilities and labs will continue to worsen unless action is taken. Future increases for NIH must be matched with increased funding for the repair, renovation and construction of research facilities, as well as grants for the purchase of shared-use, state-of-the-art laboratory equipment costing over \$100,000. Examples of shared instrumentation could include PET scans, MRIs, and diagnostic imaging devices. For that reason, the Committee has included \$60,000,000 for the repair, renovation and construction of research facilities and the purchase of shared-use state-of-the-art laboratory equipment.

NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE [CCAM]

Appropriations, 1999	\$50,000,000
Budget estimate, 2000	50,168,000
Committee recommendation	56,214,000

The Committee has included \$56,214,000 for the National Center for Complementary and Alternative Medicine, an increase of \$6,046,000 above the budget request and \$6,214,000 over the fiscal year 1999 appropriation.

Mission.—The Office of Alternative Medicine was elevated to Center status with the intent of assuring that complementary and alternative therapies be rigorously reviewed to provide consumers reliable information. The Center was given greater authority and independence—including the initiation of research projects and development of its own peer review panels with appropriate expertise.

New Director.—The Committee strongly supports the work of the Office and is very concerned that after 9 months, a permanent director has yet to be named.

New centers.—The Committee expects that funding for existing and new Centers supported by the Office will be expanded significantly. The Committee directs NCCAM to undertake field investigations and a program for the collection and evaluation of outcome data on promising alternative therapies, including new clinical trials of herbal and other CAM therapies. The Committee also expects the center to continue and expand its work with CDC on field investigations and with AHCPR on literature reviews.

National Center for Complementary and Alternative Medicine Policy.—The Committee continues to believe that Federal policy in a number of areas is failing to keep up with the increased use of complementary and alternative therapies. Last year it provided funding to support the establishment and operation (including the hiring of an executive director and staff) of a National Center for Complementary and Alternative Medicine Policy to study and make recommendations to the Congress on appropriate policies regarding consumer information, training, insurance coverage, licensing and other pressing issues in this area. This Commission is not intended to review the work of or set the priorities for NCCAM. Rather, NCCAM is expected simply to provide administrative support to the Commission.

Consumer information centers.—The Committee notes that alternative medicine is becoming increasingly popular among American consumers. With this increased popularity comes the need to ensure objective research so that consumers can make informed decisions about using natural products as curative and preventive measures. Therefore, the Committee encourages the Director to establish not less than two competitively-selected centers that would conduct research and disseminate information to consumers on natural products.

Herbal therapies.—The Committee encourages NIH, through the National Center for Complementary and Alternative Medicine (NCCAM), the Office of Dietary Supplements and other Centers and Institutes of the NIH, to provide increased funding support for studies on herbal therapies. Increasing numbers of Americans are using herbal products, and sound and rigorous research will help determine the interactive effects of herbal remedies with prescription drugs. The Committee encourages the NIH to include pharmacologists in study sections considering research proposals to study herbal therapies.

Training of Physicians in Integrative Medicine.—The Committee urges the National Center for Complementary and Alternative Medicine (NCCAM) to give priority to the funding of post-graduate training of physicians in integrative medicine. In particular, the Committee encourages study of strategies for integrating complementary and alternative medicine into the traditional premedical, predoctoral, postdoctoral medical education curricula. The Committee encourages NCCAM to give consideration to funding programs at academic institutions which offer post-graduate fellowships for physicians in integrative medicine, continuing education in integrative medicine for other health professionals, and

distance-learning models in complementary and alternative medicine for doctors and other health professionals throughout the country.

Center grants.—There is a tremendous consumer need for evidence-based research in complementary and alternative medicine. The Committee is concerned about the lack of continuity of leadership at the Center. The Committee encourages NCCAM to fund developmental research and administrative core capabilities of pre-existing NIH funded NCCAM centers which have demonstrated ongoing leadership as evidenced by peer-reviewed research.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN
THE HEALTH SCIENCES

Appropriations, 1999	\$35,415,000
Budget estimate, 2000	36,274,000
Committee recommendation	43,723,000

The Committee recommends an appropriation of \$43,723,000 for the Fogarty International Center [FIC]. This is \$7,449,000 more than the budget request and \$8,308,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The primary function of the FIC is to improve the health of the people of the United States and other Nations through international cooperation in the biomedical sciences. In support of this mission, the FIC pursues the following four goals: mobilize international research efforts against global health threats; advance science through international cooperation; develop human resources to meet global research challenges; and provide leadership in international science policy and research strategies.

Global tuberculosis threat.—The Committee commends the FIC for its cooperation and collaboration with the International Union Against Tuberculosis and Lung Disease, the American Lung Association and the American Thoracic Society in developing a program to train TB health professionals. The Committee also finds positive the joint U.S. AID and FIC collaboration in implementing this effort and encourages the Center to expand the effort this fiscal year.

Global health status.—The Committee commends the Center for its leadership in fostering international research cooperation, in particular with developing nations, to address and reverse the deepening disparities in global health status. FIC's international training and research capacity-building programs are a key element of NIH's overall strategy for the prevention, treatment, and control of diseases, thereby protecting the health of all Americans. The Committee encourages the FIC to continue to strengthen its programs to address global priorities such as HIV/AIDS; emerging and reemerging infectious diseases; population and health; maternal and child health; environment and occupational health; and biodiversity.

New global health challenges.—The Committee is aware of the three new interdisciplinary initiatives in bioethics, health and economic development, and ecology of infectious diseases planned by the FIC. The new programs will address a number of important issues related to: research and research ethics to improve our un-

derstanding of local value systems in interpreting and implementing ethical precepts in internationally-based research; the correlation between the health status of people and increases in economic productivity; and the assessment of habitat-level changes in biodiversity that may affect disease prevalence in humans. The Committee is supportive of efforts by FIC to develop its new programs jointly with other NIH entities and government agencies, and to enhance its efforts in building partnerships with international organizations, including the World Health Organization, the World Bank, and others.

Medical informatics.—Because of the importance of access to and training in the latest state-of-the-art information technology, in last year's report, the Committee encouraged the FIC to expand the international training program in medical informatics in sub-Saharan Africa and to other regions of the world. The Committee is pleased the FIC was able to provide additional support for expansion of the program.

Training.—The FIC has established a new program for U.S. postdoctoral scientists who are committed to a career in international health research and would benefit from an additional period of mentored research as part of a strong, established collaboration between a U.S. sponsor and leading scientists at a developing country center of scientific excellence. The Committee recognizes the importance of attracting new research talent to pursue research relevant to global health problems and is supportive of the FIC's efforts to provide international training opportunities for U.S. postdoctoral scientists.

International research surveillance.—The Committee recognizes the growing importance of international research surveillance programs with respect to infectious diseases such as tuberculosis (TB). The Committee is pleased by the Center's research collaboration with international organizations and governments on multi-drug resistant TB and encourages the Center to continue these important studies.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 1999	\$181,309,000
Budget estimate, 2000	185,654,000
Committee recommendation	210,183,000

The Committee recommends an appropriation of \$210,183,000 for the National Library of Medicine [NLM]. This is \$24,529,000 more than the budget request and \$28,874,000 more than the 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The National Library of Medicine is the Federal institution that for more than 150 years has collected, organized, preserved, and disseminated the world's output of biomedical literature in all forms. As a result of this activity NLM is the world's largest library of the health sciences, its holdings numbering more than 5 million items. The NLM has pioneered innovative methods to disseminate bibliographic information. Basic to the mission of the NLM is a wide-ranging research program to improve how medical information is communicated. This responsibility is aided by a

grants program and by specialized services in toxicology, environmental health, and biotechnology.

Outreach.—The Committee continues to note the success of NLM's MEDLINE database and its new MEDLINE Plus initiative. The Committee encourages NLM to continue its outreach activities aimed at educating health care professionals and the general public about the Library's products and services, in coordination with medical librarians and other health information specialists.

Access for senior citizens.—The Committee notes that senior citizens would benefit greatly from expanded access to NLM's databases and encourages the NLM to take steps to improve seniors' access to this information.

Home medical consultations.—The Committee urges the Institute to begin a demonstration to expand the use of telemedicine to in-home physician-patient consultations. This innovative approach could include testing of the placement of video, health monitoring and screening equipment in the home for consultation with patients requiring frequent monitoring and health professional consultations.

Visible Human Project.—The Committee supports NLM's Visible Human project and urges the Institute to expand the Phase II effort to complete production of the fully segmented anatomical data. The Committee encourages the Institute to use funds to complete segmentation, classification and labeling which will increase Internet access to the full data set, and also to support development of tools so that research users of the anatomical data sets can create clinically useful applications.

The Committee remains impressed with the efforts the National Library of Medicine has made to establish health components in the Nation's Next Generation Internet (NGI) Initiative and, in particular, the support for telemedicine sites in rural and underserved communities. The Committee believes that existing sites should, where appropriate, expand their efforts to homecare experiments.

With the burgeoning programs of the National Center for Biotechnology Information and the growing limits of available storage space for the world's greatest medical collection, the Committee is pleased that the NIH is beginning to address the important space problem. The Committee urges NLM to conduct a feasibility study for building a structure for such storage needs.

OFFICE OF THE DIRECTOR

Appropriations, 1999	\$256,462,000
Budget estimate, 2000	262,709,000
Committee recommendation	299,504,000

The Committee recommends an appropriation of \$299,504,000 for the Office of the Director [OD]. This is \$36,795,000 more than the budget request and \$43,042,000 more than the fiscal year 1999 appropriation. The comparable amounts for the budget estimate include funds to be transferred from the Office of AIDS Research.

Mission.—The Office of the Director provides leadership and direction to the NIH research community, and coordinates and directs initiatives which crosscut the NIH. The Office of the Director is responsible for the development and management of intramural and extramural research and research training policy, the review

of program quality and effectiveness, the coordination of selected NIH-wide program activities, and the administration of centralized support activities essential to operation of the NIH.

Training.—The Committee remains concerned that NIH rejected recommendations of the National Academy of Sciences for research training in nursing, oral health, health sciences, research and behavioral science. NAS recommended that stipends be increased, and the number of awards for these disciplines be increased. Though NIH implemented the stipend increase, the Committee requests NIH to reconsider and develop a plan for complying with the NAS recommendation regarding the number of training awards made available. The Committee encourages NIH to develop a plan for assisting national institutes to establish training programs for young behavioral science investigators similar to the B/START (Behavioral Science Track Awards for Rapid Transition) programs at NIMH, NIDA, and NIAAA.

The Committee directs the Director of NIH to make a written request to the chairman of the Committee prior to reprogramming of \$1,000,000, between programs, projects, activities, institutes, divisions and centers. The Committee desires to have the requests for reprogramming actions which involve less than the above-mentioned amounts if such actions would have the effect of changing funding requirements in future years, if programs or projects specifically cited in the Committee's reports are affected or if the action can be considered to be the initiation of a new program.

Behavioral Science.—There is a growing public awareness of the behavioral and underpinnings of disease. Heart disease, lung cancer, liver disease, AIDS, suicide, developmental disabilities, and many neurological and cognitive disorders can be attributed directly or indirectly to unhealthy behavior. Yet NIH has never fully incorporated behavioral research as part of its core public health mission. The Committee urges the NIH to provide a detailed description of NIH's ongoing work in the behavioral sciences, including a breakdown by Institute, and funds within each Institute of research and training activities included in NIH's behavioral and social science portfolio.

The Committee is encouraged by the number of opportunities for nursing research that could make a important improvements in health outcomes. The Committee notes the opportunities available for nursing research to improve: diabetes self management; symptom management of asthma in children and adults; reduce morbidity of individuals with chronic illnesses; sleep; acute care of children with post-traumatic brain injury; end of life care; and increase collaboration with clinical trials.

Office of Rare Disease Research.—The diagnosis and treatment of nearly 6,000 rare diseases remains a persistent problem for approximately 25 million patients, their families and caregivers. The Committee commends the Office for its support of over 150 scientific workshops and symposia to stimulate research interest and opportunities related to rare disorders and for forging creative collaborations, both inside and outside of government, to advance the field. The continued involvement with the rare diseases community and the rare disease patient support organizations has enabled many of these organizations to assist in stimulating rare diseases

research at the NIH and elsewhere. The Committee encourages the Office to consider establishing a public advisory panel to provide recommendations and solicit public advice on rare disease activities of the ORD and the NIH. The Committee urges the Office to continue the expansion of efforts to facilitate the diagnosis and extend the research and treatment of these inherited and acquired disorders. The Office also is encouraged to work with the Food and Drug Administration to provide adequate access to gene therapeutics for treatment of rare inherited disorders in order to facilitate the research and review of gene therapeutics as investigational products receiving NIH support.

Behavioral and social sciences research.—The Committee is concerned with the progress made by NIH and the Office of Behavioral and Social Sciences Research in increasing the behavioral and social sciences research portfolio. While some progress has been made, the Committee notes that over two-thirds of morbidity and mortality have behavioral origins. The Committee encourages additional growth in the area to help improve the health outcomes of Americans. Additionally, the Committee notes the very uneven progress of the various institutes to fund behavioral and social sciences research, which range from 6 percent for the National Institute for Nursing Research to 0 percent by the National Institute of General Medical Sciences. The Committee urges those institutes with negligible behavioral and social sciences research portfolios to further examine appropriate expansions. Additionally, the Committee urges the Office of Behavioral and Social Sciences Research to stress the need for all institutions to fund behavioral and social sciences research to improve adherence to medical regimes, exercise and weight reduction programs.

The Committee continues to be concerned that NIH has not implemented the National Academy of Science recommendation regarding enhanced behavioral research training.

The Committee commends the OBSSR for its quick and thorough solicitation of applications for the \$10,000,000 added in fiscal year 1999 for program projects and investigator-initiated research to augment NIH's investigation of mind-body connections and health. The Committee looks forward to discussing at next year's hearings the number and range of applications received in response to this request for applications. The Committee also commends OBSSR for its leadership on the NIH-wide priority of reducing health disparities and examining the interactions of the mind and body in determining health. The Committee urges NIH to provide additional funding for OBSSR to continue and expand efforts to promote interdisciplinary research and training in areas where psychological, environmental, and biological conditions intersect to determine health status.

General clinical research centers.—The Committee remains concerned that the GCRC budget has decreased over the past three decades. The Committee urges the NCRR to increase funding for GCRCs and to use these additional funds to increase and enhance the training of clinical investigators, to implement the newly established guidelines for informatics, to establish supplemental clinical research funds at each center through which the GCRCs can provide seed funding for pilot studies; to support GCRC efforts to en-

hance patient access to clinical research through off-site activities, community outreach initiatives and patient travel support. The Committee also urges the NCRR to continue and accelerate progress towards fully funding centers at the Advisory Council approved levels.

The Committee recognizes that the NIH Director has moved forward with initial efforts to address the training and career development of clinical investigators during fiscal year 1999. The Committee continues to be concerned that physician-scientists are still leaving biomedical research careers and that more needs to be done to encourage a new generation of clinical investigators. The NIH is encouraged to increase the number of mentored patient-oriented research career development awards, mid-career investigator patient-oriented research awards, and to increase support for the clinical research curriculum awards.

Training and career development.—The Committee recognizes that the NIH Director has moved forward with initial efforts to address the training and career development of clinical investigators during fiscal year 1999, however, the Committee feels that more needs to be done to stem the tide of physician-scientists leaving biomedical research careers and to encourage a new generation of clinical investigators. The Committee urges NIH to increase the number of Mentored Patient-Oriented Research Career Development Awards, Mid-Career Investigator Patient-Oriented Research Awards, and to increase support for the Clinical Research Curriculum Award in fiscal year 2000. In addition, the Committee requests the Director to review the decision to disband the NIH Director's Advisory Panel on Clinical Research.

Spinal cord research.—The Committee recognizes that biomedical research is on the verge of revolutionary advances in the area of spinal cord regeneration and the Committee encourages NIH to increase its investments in this area. The Committee recommends NIH, in conjunction with the appropriate Institutes, conduct a consensus conference to evaluate the current status of spinal cord regeneration research and promising directions in this area so as to identify a critical path for breakthrough research and opportunities for public-private partnerships. The Committee will expect a report back on the conclusions of the meeting and the plans to move forward in this priority area.

Hepatitis C.—The Committee is concerned that NIH has not followed through with a sustained commitment of increased funding consistent with the Hepatitis C (HCV) Consensus Development Conference recommendations to meet the significant public health challenge of this virus. The Committee requests that the Institute be prepared to report at next year's hearing on the progress in meeting the Conference's recommendations, indicating which research recommendations are being addressed, which are being funded by the fiscal year 2000 request, and which will be funded in subsequent years. The Committee requests the report by January 4, 2000.

The Committee is pleased that NCI, NAID, NIDA, NIAAA and the Office of the Director participated in the trans-institute RFA for Hepatitis C, and urges additional research consistent with the

recommendations made by the Hepatitis C Consensus Development Conference.

Grant opportunities.—The Committee has been impressed with the efforts of the NIH to apply the technology of the Internet and specifically its weekly electronic mail service announcing grant opportunities. The Committee encourages the Department and those components that make funds available through grants and cooperative agreements to supplement the publication in the Federal Register with a weekly listserv to all interested parties that links back to the full document. In addition, the Department should announce such availability in the Federal Register and at each of the Department's component home pages. The Committee expects that this will improve the flow to all potential applicants concurrently in urban as well in isolated communities, such as Hawaii, Alaska, the western Pacific and rural communities that must now rely on the Federal Register.

Medical isotopes.—A Federal advisory committee projects that demand for medical isotopes can be expected to increase between 8 and 17 percent per year over the next 20 years. Because the use of medical isotopes holds the promise for new treatment for many diseases, with the potential for reduced health care costs, less debilitating side effects, and/or higher quality of life, the Committee encourages the NIH to expand its current awarding of research grants using medical isotopes. Furthermore, the Committee encourages the NIH to work with the Department of Energy to expand the availability, reliability and variety of domestically produced isotopes for treating disease.

Chronic fatigue and immune dysfunction syndrome.—The Committee is aware of the many difficulties victims of CFIDS (Chronic Fatigue Immuno Deficiency Syndrome) face in their everyday lives. Last year's increases in funding for research at the National Institutes of Health and CDC were important steps toward finding better treatments and a cure.

Liver and biliary disease strategic plan.—In March 1998, the NIH submitted the liver and biliary diseases strategic plan to the Committee, outlining the most significant opportunities to prevent, treat, and cure liver disease. The Committee requests that the Director be prepared to give a progress report at next year's hearings on the Strategic Plan, highlighting the advances made since March 1998 and the most significant remaining research opportunities. The Committee requests the report by January 4, 2000.

Class B dealers.—The Committee recognizes inherent difficulties in enforcing the regulations and standards of the Animal Welfare Act with respect to USDA-licensed Class B dealers who supply dogs or cats for research purposes. The Committee commends NIH's prohibition on the use of dogs or cats obtained from Class B dealers in intramural research. The Committee encourages NIH to examine the policy with regard to the use of dogs and cats obtained from Class B dealers in extramural facilities.

Drug discovery proposals.—The Committee is concerned that while drug discovery proposals are submitted for review and funding, no study section at NIH has the broad expertise or special focus to give such proposals adequate review. The Committee is therefore pleased that the Office of the Director has established a

panel to review the adequacy of the study section structure at NIH and requests that the issue of adequate review for drug discovery proposals be addressed as a part of the review process now underway.

Minority health initiative.—The Committee is pleased that the Minority Health Initiative (MHI) has an interest in supporting the improvement of animal research facilities at minority health professions schools.

Health status of disadvantaged populations.—The Committee encourages the Director to provide adequate funding for the continuation and growth of a variety of competitive programs at NIH that emphasize improving the health status of disadvantaged populations, including racial and ethnic minorities. The Committee has placed a special emphasis on the MARC, MBRS, RCMI, and ORMH programs, and expects these programs to continue to be supported at a level at least consistent with that of the overall increase for NIH.

Cancer in ethnic minorities and the medically underserved.—The Committee continues to be concerned about the disproportionately high incidence and/or mortality rates of many cancers in ethnic minority, rural poor and other medically underserved populations. Equitable application of current knowledge about cancer prevention, early detection, and treatment as well as continued advances in research can reduce cancer incidence significantly and cancer mortality by 50 percent among these populations. The Committee has conducted hearings regarding a study released in January 1999 by the Institute of Medicine, "The Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Ethnic Minorities and the Medically Underserved." This study confirms disproportionately high cancer levels in these minority, rural poor and other medically underserved populations and recommends both more targeted research funding and better coordinated data collection. The Committee requests that the Institutes, Centers, and Offices with cancer-directed research develop a 5-year strategic plan to implement IOM recommendations; build in benchmarks, program evaluation, and accountability procedures; and address IOM identified priorities such as research training, cancer surveillance, and database enhancements.

The Committee further urges the Institutes, Centers, and Offices with cancer-directed research agendas to increase funding for population and behavioral research; recruiting and training efforts to attract more candidates from ethnic minority and medically underserved populations in all areas of cancer research; community-based research, and dissemination of research results.

The Committee also encourages increases for cancer data collection and management, including the funding for Surveillance, Epidemiology and End Results (SEER) to track cancer incidence, conduct more longitudinal studies of cancer outcomes, and achieve greater coordination with the Centers for Disease Control and Prevention's National Program of Cancer Registries, and other public and private sector cancer data collection programs.

Diabetes.—The Committee believes that finding a cure for diabetes and its complications—a devastating disease affecting 16 million Americans—should be a top priority as NIH makes funding al-

locations. The Committee is pleased that NIH has focused more attention over the past few years on diabetes research and has provided sufficient resources in the bill for all NIH institutes with an interest in diabetes to expand substantially their research in this area. The Committee has reviewed the recently released Diabetes Research Working Group report and urges the NIH to implement the recommendations. The Committee held a hearing this year focusing on the needs of children with diabetes and recommends that NIH place a high priority on research that is focused on a cure for diabetes and its complications, in particular, research on Type 1, or juvenile diabetes which is the most severe form of the disease. Given the tremendous research opportunities in the field, the Committee urges the Office of the Director to play the lead role by ensuring that a trans-NIH approach to diabetes research be developed at NIH and to review and implement where appropriate, the recommendations outlined in the DRWG report. Further, the Committee requests that NIH submit a report to the Committee before the fiscal year 2001 congressional hearings summarizing progress in fiscal year 2000 regarding the status of implementation of the DRWG recommendations, including initiatives that specifically impact Type 1 diabetes.

Basic, behavioral and clinical research for children.—The Committee also continues to encourage the NIH to strengthen its portfolio of basic, behavioral, and clinical research for children overall, so that children can participate fully in this period of growth in funding and scientific opportunity in biomedical research. As part of that effort, the Committee requests that the NIH Director provide to the Committee, by May 2000, an update from fiscal year 1997 to the present on the amount of funding devoted to pediatric research, including extramural research. Funding should be identified by Institute, and funding provided from the Pediatric Research Initiative should be identified separately and not otherwise included in any Institute's level of pediatric research support.

Children's participation in clinical trials.—The Committee continues to be pleased by the efforts of NIH in its implementation of policies to increase the participation of children in clinical trials. The Committee looks forward to NIH's assessment of the effectiveness of this policy as its implementation evolves.

Occupational safety.—The Committee recognizes the productive partnership between NIH and the National Institute for Occupational Safety and Health [NIOSH] on implementing the National Occupational Research Agenda [NORA]. The Committee notes that NIOSH has made significant strides in increasing extramural funds in NORA priority research areas using the NIH model of peer review. The Committee continues to encourage NIH to expand its work with NIOSH to co-sponsor and fund extramural research and applauds the leadership in this activity shown by the National Institute of Arthritis and Musculoskeletal and Skin Diseases; the National Heart, Lung, and Blood Institute; the National Cancer Institute; the National Institute of Environmental Health Sciences; the National Institute on Aging; and the National Institute on Deafness and Other Communication Disorders.

Women and minorities in clinical trials.—Phase III clinical trials require broad participation to ensure that the results are broadly

applicable. The NIH Institutes and Centers have emphasized the importance of the inclusion of women and minorities in such trials. However, there are still hurdles to overcome in terms of both outreach and recruitment of patients into trials. The NIH should notify the Committee by January 1, 2000, of its plan to involve more women and minorities in Phase III clinical trials. The plan should include any impediments that they and their extramural and /or intramural investigators encounter to recruitment and retention of women and minorities in clinical trials. Understanding that different trials may have legitimately different scientific and recruitment goals, the plan should place the overall results in the context of this variability.

Parkinson's Disease.—The Committee has provided increased funds for a Morris K. Udall Parkinson's Initiative to support research leading to the prevention, treatment, and cure of Parkinson's disease. With funding for the Morris K. Udall Parkinson's Research Initiative, the total funding for Parkinson's-focused research for fiscal year 2000 will be at least equal to the level of Parkinson's-focused research authorized by the Morris K. Udall Parkinson's Disease Research Act of 1997. The Committee understands Parkinson's-focused research to be that in which the principal focus of the research is the cause, pathogenesis, and/or potential therapies or treatment for Parkinson's disease. The Committee directs the Director to report within 120 days on plans and progress on implementing the Udall Research Initiative.

Human tissue supply.—The Committee continues to be very interested in matching the increased needs of researchers who rely upon human tissues and organs, a very valuable and effective alternative research resource, to study human diseases and to search for cures. The Committee's continued interest is supported by a recent review by a panel of experts that concluded there is a rapidly expanding and unmet demand for the use of human tissue in research, and that the rapid pace of advancements in biomedical research make the use of human tissue samples for research increasingly feasible and attractive. The Committee is aware that the leader in this field, the National Disease Research Interchange [NDRI], dedicated to providing the research community with this valuable and effective alternative research resource, has supplied thousands of human tissues and organs, and thereby contributed to a number of recent significant research advances. The Committee, being greatly encouraged by NDRI's role in these research advances, encourages the Director to work with the other Institute Directors identified in this Report to implement a multi-institute initiative to expand support for NDRI to match the expanding and unmet demand for the use of human tissue in research, and to be submit a written progress report to the Committee no later than February 1, 2000 outlining its plan and action steps taken to accomplish this goal.

Office of Dietary Supplements.—The Committee continues to strongly support the important work of this Office. Use of dietary supplements has increased significantly among Americans who want to improve their health and prevent disease. There is a great need for additional research to better inform consumers of the health benefits of supplements. The President's Commission on Di-

etary Supplements recently recommended that ODS be funded at its fully authorized level to meet this need. The Committee encourages the Institute to comply with this recommendation.

Botanical research centers.—The Committee is pleased that the Office has begun a botanical research centers initiative with major research institutions across the nation and has included funds to expand the number of centers to be supported. The Committee encourages such centers to include collaboration between agricultural research institutions and biomedical research institutions.

Pediatric AIDS Clinical Trials Group (PACTG).—The Committee recognizes the important national and international research accomplishments of the PACTG, including reduction of perinatal HIV transmission. The Committee urges NIH to support PACTG inclusion in overall future NIH, HIV research agendas and the conduct of protocols for children, youth and women domestically and internationally. The Committee urges NIH to seek input from the Ryan White CARE Act Title IV projects in the development of protocols in order to maximize patient participation.

Biomedical Imaging Research.—The Committee recognizes the importance of continued advancement of new imaging science and the transfer of imaging technologies from research projects to the public health sector. Developments from computed tomography and magnetic resonance imaging to single photon emission tomography have enabled physicians to visualize the body in ways that would have been considered miraculous less than a year ago. To further support continued advancements, the Committee urges the Director to assess the efficacy of establishing an Institute to improve communication, management, priority setting and accountability in this area.

The Committee encourages the Director to conduct a research program in collaboration with other Federal medical research facilities on the effectiveness of EBCT in the early detection of heart disease. The Committee also encourages the Director to conduct studies on gender and racial differences in heart disease pathology using EBCT to monitor the course of illness and to determine the effectiveness of preventive interventions. The Committee further encourages the Director to study virtual colonoscopy, a technique using helical CAT scans and computer graphics to create a 3 dimensional picture of the colon, and compare its effectiveness to traditional colonoscopy in detecting polyps and colon cancer.

Bioengineering/Bioimaging.—The Committee is aware that recent advances in basic research, genetics, diagnosis, and health care have all been closely linked to the development of new technologies, yielding innovative biologics, materials, processes, implants, devices and informatics. The Office of Bioengineering/Bioimaging, reporting to the Director, NIH, would assume responsibility and direction of the Bioengineering Consortium, as a tool for coordination of activities across the NIH and with other Federal agencies. The Committee further directs that an advisory groups be established to formalize communication with the external community and to provide advice on issues related to the support of bioengineering and bioimaging research at the NIH.

NIH/DOE Medical Technology Partnerships.—The committee urges the Director to establish a pilot program to ensure the Na-

tional Institutes of Health may benefit from technologies developed within the Department of Energy weapons programs in terms of their potential to enhance health sciences and improve medical care. The Committee urges that the program be directed at ensuring that technologies developed within the nuclear weapons program, as well as other programs, of the Department of Energy are carefully evaluated for their impact on the health sciences, with the goal of achieving clinical applications and improved national health care. The Committee further urges the Director to establish an interagency committee to carry out this initiative with a matching amount of funds from the Department of Energy. Such funds would be available only for priorities established by the National Institutes of Health and activities that support the national security missions of the DOE. In developing an agreement for this program, the Committee urges that the Joint Conventional Munitions Memorandum of Understanding between the Departments of Energy and Defense be reviewed as a model for a Department of Energy-National Institutes of Health partnership.

The Committee is concerned about the growing epidemic of obesity and its impact on health care and quality of life of all Americans. Therefore the Committee encourages NIH to vigorously increase efforts research to the area of obesity.

Neuroscience.—Neuroscience studies the brain, the most complex human organ, comprising about 100 billion nerve cells consisting of thousands of distinct cell types. Communication between these cells occurs across junctions called synapses, and is accomplished by more than one hundred different chemicals called neurotransmitters. Although the mature brain weighs only about 3 pounds, more than half of the human genes are concerned with it directly. Since the abnormal function of the brain underlies so many of mankind's most devastating disorders, such as mental illness, Parkinson's Disease, Alzheimer's Disease, and many others, neuroscience is of central importance to making progress toward eliminating these diseases. The Committee is concerned that as facilities age on the NIH campus, these facilities will be unable to support essential brain research. The Committee therefore urges NIH to provide the resources necessary to adequately support this very complex and important work.

BUILDINGS AND FACILITIES

Appropriations, 1999	\$197,456,000
Budget estimate, 2000	108,376,000
Committee recommendation	100,732,000

The Committee recommends an appropriation of \$100,732,000 for buildings and facilities [B&F]. The amount recommended is \$7,644,000 less than the budget request and \$96,724,000 less than the fiscal year 1999 appropriation.

Mission.—The buildings and facilities appropriation provides for the NIH construction programs including design, construction, and repair and improvement of the clinical and laboratory buildings and supporting facilities necessary to the mission of the NIH. This program maintains physical plants at Bethesda, Poolesville, Baltimore, and Frederick, MD; Research Triangle Park, NC; Hamilton, MT; Perrine, FL; New Iberia, LA; and Sabana Seca, PR.

OFFICE OF AIDS RESEARCH

Appropriations, 1999	
Budget estimate, 2000	\$1,833,826,000
Committee recommendation	

The Committee recommendation does not include a direct appropriation for the Office of AIDS Research [OAR] as proposed in the budget request. Instead, funding for AIDS research is included within the appropriation for each Institute, Center, and Division of the NIH. The recommendation also includes a general provision which directs that the funding for AIDS research, as determined by the Director of the National Institutes of Health and the OAR, be allocated directly to the OAR for distribution to the Institutes consistent with the AIDS research plan. The recommendation also includes a general provision permitting the Director of the NIH and the OAR to shift up to 3 percent of AIDS research funding between Institutes and Centers throughout the year if needs change or unanticipated opportunities arise. These modifications to the budget recommendation are consistent with the manner in which funding for AIDS research was provided in fiscal year 1999. The Committee requests that the Director report on the fiscal year 2000 allocation plans for AIDS research within 60 days of enactment and provide notification to the Committee in the event the Directors exercise the 3 percent transfer authority.

The NIH Office of AIDS Research [OAR] coordinates the scientific, budgetary, legislative, and policy elements of the NIH AIDS research program. Congress provided new authorities to the OAR to fulfill these responsibilities in the NIH Revitalization Act Amendments of 1993. The law mandates the OAR to develop an annual comprehensive plan and budget for all NIH AIDS research and to prepare a Presidential bypass budget.

The Committee was pleased with efforts made by OAR in fiscal year 1999 to provide additional to address AIDS in minority communities, to spearhead projects to bring research information to minority communities and to increase the number of minority investigators conducting AIDS research. The Committee also commends OAR for working in partnership with the National Minority AIDS Council, in abolishing a Minority Working Group, and for adding a section to the annual NIH Plan for HIV-Related Research targeting minority communities.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 1999	\$2,487,313,000
Budget estimate, 2000	2,726,505,000
Committee recommendation	2,750,700,000

The Committee recommends \$2,750,700,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2000, \$263,387,000 more than the fiscal year 1999 level and \$24,195,000 more than the administration request. This amount includes \$100,000,000 advance funded in fiscal year 2000. SAMHSA is responsible for supporting mental health, alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States. The Committee has provided funding for the Knowledge,

Development, and Application Program to each of three authorities: mental health, substance abuse treatment, and substance abuse prevention. Separate funding is provided for the Children's Mental Health Program, the PATH formula grant, the Protection and Advocacy Formula Grant Program, and for the two block grant programs.

The Committee agrees with the President's request to establish new targeted capacity expansion line items in the areas of substance abuse prevention and treatment. These programs are intended to ensure that individuals with substance abuse problems can access services employing the best practices proven to be effective. Targeted capacity programs are designed to provide a rapid and strategic response to newly emerging substance abuse trends demonstrated by epidemiological data; to address serious and persistent gaps in local service capacity; and to address prevention and treatment issues particular to certain populations or geographic areas. The Committee intends that these programs work in a coordinated fashion with the block grants to the States to meet the highest priority service needs within the States.

The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and native Hawaiians communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds to fund projects to increase knowledge about effective ways to deliver services to rural and native communities. Within the funds reserved for rural programs, the Committee intends that \$8,000,000 be reserved for CSAP grants, and \$12,000,000 be reserved for CSAT grants.

The Committee is impressed with evidence that integrated mental health and substance abuse treatment is effective for meeting the needs of individuals who suffer from mental illness and also have an addictive disorder. Sequential and parallel treatment of these disorders generally fails to result in recovery for this population, which is in great need of improved services. There is significant evidence that without effective treatment, these individuals have a higher risk of homelessness and tendency for violent behavior. States may use funds from both the mental health and the substance abuse block grants to treat individuals with co-occurring disorders. The Committee believes that the Department can provide technical assistance to States that plan to provide this type of integrated treatment.

Last year, the Fetal Alcohol Syndrome Prevention and Services Act was enacted, authorizing a competitive grant program to develop urgently needed prevention and education strategies to reduce the number of children affected by Fetal Alcohol Syndrome [FAS]. These grants are also to be used to develop treatment strategies to assist parents and families as they cope with the impacts of FAS. The Committee urges the Department to fund grants in CSAP and CSAT to address FAS and its effects. The Committee further believes that these funds should be targeted to areas that demonstrate significant need and have a high incidence or risk of alcohol-related birth defects. Special consideration should be given

to native American applicants, with recognition of the value of non-traditional or culturally-based treatment methods and reservation-based substance abuse treatment services. The Committee is aware of a regional approach by South Dakota, North Dakota, Minnesota, and Montana to prevent and treat FAS, and believes that additional funding for this program will help lower the incidence of FAS, especially in native American communities. The Committee is concerned about the serious, lifelong conditions that are caused by prenatal exposure to alcohol. For instance, FAS is the leading cause of mental retardation in the western world, and is associated with serious behavioral problems including criminal behavior, unemployment, psychiatric problems, school failure, and the inability to live independently.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 1999	\$513,569,000
Budget estimate, 2000	588,737,000
Committee recommendation	581,932,000

The Committee recommends \$581,932,000 for mental health services, an increase of \$68,363,000 over last year's level. Included in this amount is funding for mental health knowledge, development, and application demonstrations, the mental health performance partnership block grant to the States, children's mental health, programs to assist homeless persons with mental illnesses, and protection and advocacy services for individuals with mental illnesses. The Committee has doubled funding for mental health counselors for school-age children, as part of an effort to reduce school violence. The Committee intends that \$80,000,000 be used for counseling services for school-age youth.

Mental health knowledge, development, and application

The Committee recommends \$137,932,000 for the mental health, knowledge, development, and application program [KDA], \$40,000,000 more than the fiscal year 1999 amount and \$39,968,000 more than the administration's request. The following programs are included in the mental health center KDA: Community Support Program [CSP]; homeless and AIDS demonstrations; and training and AIDS training programs.

The Committee has included additional funds to continue and expand mental health services for schoolchildren that are at risk of exhibiting violent behavior. Last year, after the tragic shootings at a number of schools across the nation, the Congress provided funds to begin to address the problem of youth violence. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and is therefore providing additional funds to help schools in that cause. It is again expected that SAMHSA will collaborate with the Department of Education to continue a coordinated approach.

The Committee is pleased with the successful collaboration between the Center for Mental Health Services and the Bureau of Health Professions in HRSA to fund interdisciplinary health professions training projects, including training of behavioral and mental health professionals, for practice in managed care/primary care settings and urges that this joint effort be continued. The Committee

encourages both agencies to develop technical assistance for use in health professions training programs for the purpose of enhancing primary care interdisciplinary models of practice. These efforts should be focused upon rural native populations that are at-risk for the problems most encountered by these health professionals.

The Committee recognizes the importance of the Comprehensive Community Mental Health Services for Children and Their Families Program in improving the lives of individuals with serious emotional disorders. Expanding these services and incorporating prevention and early intervention would increase the number of people served. The Committee supports extending the Knowledge Development and Application Program to all 50 states, territories, and tribal communities. The Committee encourages the development of partnerships with local communities to further expand this program.

The Committee understands that the California School of Professional Psychology plans to establish teleconferencing facilities at each of its four campuses and distance learning facilities at two campuses. These facilities will be used to provide service to the California Department of Developmental Services, and the California Department of Corrections, which is under a court order to provide inmates with reasonable access to mental health services.

The Committee is aware of the Circle of Nations Behavioral Health Center in providing therapy to Native American school children with co-occurring disorders. The Center uses a multi-disciplinary approach to address psychological and substance abuse problems and to help return these children to a normal school environment.

The Committee commends the work of the National Mental Health Self-Help Clearinghouse in providing information and resources to individuals suffering from mental illnesses and their families. The Committee notes that continued and increased funding of this resource center will allow these services to be provided uninterrupted.

The Committee recently heard testimony about the tragic results of addictive and pathological gambling. Gambling has destroyed the lives of many American families. A recent report by the National Gambling Impact Study Commission found that 15.4 million Americans are either pathological or problem gamblers. Problem gambling burdens not only the addicted individual and his or her family, but society as well. Costs incurred can include unemployment benefits caused by the loss of a job, physical and mental health problems, domestic violence, and child abuse and neglect. The Committee urges CMHS to conduct demonstration projects to determine effective strategies and best practices for preventing and treating addictive gambling.

The Committee applauds the work of the Farm Resource Center in providing outreach and counseling services to displaced coal miners, farm workers, and their families. The Committee recognizes that continued funding of this Center will allow more individuals and families to cope with the emotional trauma of losing their jobs and help them pursue other productive careers.

The Committee recognizes the extraordinary obstacles facing individuals with mental illness and co-occurring psychiatric disorders

towards achieving economic self-sufficiency. The Committee is aware of the Community Advocacy Training Services in providing training and technical assistance to persons with such disorders. The Committee believes that the Department should consider funding demonstrations that endeavor to help individuals with mental illnesses lead rewarding and productive lives.

Clinical and AIDS training

The Committee is aware of the need for more trained health providers, including allied health professionals and social workers, to work with people suffering from HIV/AIDS. To the extent that funds are available, the Committee encourages SAMHSA to continue funding existing grants and contracts approved by SAMHSA under the current AIDS Training Program.

The Clinical Training Program trains mental health personnel to deliver services to designated underserved populations in exchange for a repayment through service to underserved or priority populations, including severely mentally ill adults, children, and adolescents with serious emotional disorders, and the elderly. The AIDS Training Program provides training for mental health providers to address the neuropsychiatric aspects of HIV spectrum infection.

The Committee recognizes the crucial role that the Minority Fellowship Program plays in training mental health professionals in providing mental health services for individuals who often fail to seek services.

AIDS demonstrations

This program provides 4 year grants to public and nonprofit private organizations to provide innovative mental health services to individuals who are experiencing severe psychological distress and other psychological sequelae as a result of infection with HIV. One coordinating center is supported to independently evaluate the quality and effectiveness of these services. The Committee commends the —Center for Mental Health Services for its commitment in disseminating knowledge gained from these demonstration projects. The Committee urges the center to maintain its support for projects that provide direct mental health services while at the same time using the findings from previous projects to develop new knowledge in this area. The Committee again commends CMHS for its leadership in working cooperatively in demonstrating the efficacy of delivering mental health services to individuals affected by and living with HIV/AIDS. The Committee encourages the Secretary to maintain these agencies' support for this program.

Mental health block grant

The Committee recommends \$310,000,000 for the mental health block grant, \$21,277,000 more than the fiscal year 1999 amount and \$48,816,000 less than the President's request. States use these funds to support the development and implementation of innovative community-based services and maintain continuity of community programs. Funds are allocated to States by formula.

Children's mental health

The Committee recommends \$78,000,000 for the Children's Mental Health Program, \$26,000 above the fiscal year 1999 level and the same as the administration's request. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. States must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

Projects for assistance in transition from homelessness [PATH]

The Committee recommends \$31,000,000 for the PATH Program, \$5,009,000 more than the fiscal year 1999 amount and the same as the administration's request.

PATH is a critical program which provides outreach, mental health, and case management services and other assistance to persons who are homeless and have serious mental illnesses. The PATH Program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

Protection and advocacy

The Committee recommends \$25,000,000 for protection and advocacy, \$2,051,000 more than the fiscal year 1999 amount and \$2,043,000 more than the administration's request. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in treatment facilities and for 90 days following their discharge. Funds are allocated to States according to a formula based on population and relative per capita income.

The Committee has learned that patients with mental illnesses have died or received life-threatening injuries in treatment facilities because of improper restraints and seclusion. The Committee has provided additional resources for protection and advocacy so that these deaths can be investigated and future incidences can be prevented.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 1999	\$1,756,302,000
Budget estimate, 2000	1,941,868,000
Committee recommendation	1,941,868,000

The Committee recommends \$1,941,868,000 for substance abuse treatment programs, an increase of \$185,000,000 over last year's funding, and the same as the budget request. This amount funds substance abuse treatment knowledge, development, and application demonstrations, targeted capacity expansion, and the substance abuse block grant to the States.

Substance abuse treatment knowledge, development, and application and targeted capacity expansion

The Committee recommends \$226,868,000 for the substance abuse treatment knowledge, development, and application program [KDA] and the targeted capacity expansion program [TCE]. This amount is the same as the administration's request and \$55,058,000 above the comparable fiscal year 1999 amount.

Alcohol-related deaths among Native American youth is one of the leading causes of death. In addition, these youths tend to reside in rural areas where drug treatment services are seriously inadequate or completely unavailable. The Committee is aware that the Gallup-McKinley County Youth Coalition is providing substance abuse treatment to this population and could develop collaborative community-based services for post-discharge programs.

The Committee reiterates its concern about the disproportionate impact of substance abuse in rural and native communities, and has included \$12,000,000 for native and rural CSAT programs. The Committee again raises concern about the severe shortage of substance abuse treatment services in the State of Alaska for Native Alaskans, the pressing need to continue support of Alaska programs, and the need to develop knowledge about effective techniques for treating substance abuse in native populations. The Committee, therefore, expects that the increase provided will be reasonably allocated between existing programs and initiating new programs, especially in Alaska.

The Committee recognizes the success of the Fairbanks Native Association's LifeGivers residential treatment program in helping pregnant women with substance abuse problems, and their children. The Committee notes that additional funding for this important activity will allow more women to conquer their substance abuse problems.

The Committee understands that the Southcentral Foundation in Anchorage is providing substance abuse treatment programs for Native American adolescents and recognizes that funding from the Department would help more young people become drug and alcohol free.

The Committee is aware of the 5-point State of Alaska plan of action to prevent fetal alcohol syndrome and other alcohol-related birth defects and to improve the State's system of care for those individuals and their families already affected by prenatal exposure to alcohol. Alaska has one of the highest rates of Fetal Alcohol Syndrome in the nation. Lifetime cost for one person diagnosed with FAS is \$1,400,000. This 5-year demonstration program will provide Alaska with a clear understanding of the prevalence of FAS, data on the effects of the State's prevention efforts, and clear direction on how to improve prevention and treatment services.

The Committee is aware of the serious problem of drug use among the Nation's youth, noting that perhaps only 20 percent of youths who require drug treatment actually receive it. The Committee supports the funding of grants for national drug prevention and treatment for youths, as well as training for providers who work with this population.

The Committee understands that methamphetamine abuse continues to be a major problem in many areas of the country, in par-

ticular, the South and the Midwest. The State of Iowa is experiencing a particularly high incidence of methamphetamine abuse. The Committee believes that additional funds could expand the number of prevention and treatment demonstration projects in Iowa and other parts of the Midwest. School-based prevention demonstration projects would teach the dangers of methamphetamine abuse and addiction, using methods that are effective and evidence-based and include initiatives that give students the responsibility to create their own anti-drug abuse education programs for their schools. Treatment demonstrations would carry out planning, establishing, or administering evidence-based methamphetamine treatment programs that are designed to assist individuals to quit their use of methamphetamine and remain drug-free.

The Committee again recognizes the work of the model initiative in San Francisco for its comprehensive and community-based treatment on demand and substance abuse prevention.

The Committee is aware of the Southern Indian Health Council's efforts to address the unmet health care needs of the Indian people living in Southern California. Today SIHC operates two health clinics and one substance abuse program. These facilities treat youth with substance abuse and primary or secondary psychiatric diagnoses.

The Committee is aware of the work of the Center Point Program in Marin County, CA, which provides comprehensive, affordable substance abuse and related services to high-risk families and individuals.

The Committee understands the tragic results of drug abuse among pregnant women. Babies of cocaine- or heroin-addicted mothers are addicted themselves and face increased risk of severe health problems or early death. The Committee has provided funding for new and existing residential treatment facilities for pregnant and post-partum women and continues to be supportive of efforts to prevent and treat mothers with substance abuse problems.

The Committee understands the serious problem of inhalant abuse in Alaska, especially among children and teenagers. With approximately 1 in 4 Alaska children having used inhalants, it is clearly a critical and widespread problem. The Committee is aware that the Yukon-Kuskokwim Health Corporation is establishing a facility in Bethel, Alaska to treat individuals with inhalant addiction. With funding from the Department, this center will be able to help rid Alaska of the problem of inhalant abuse. This center could serve as a model for similar treatment centers in other parts of the nation.

The Committee remains concerned that substance abuse among the nation's homeless population remains a serious problem that receives limited attention. Existing addiction services are not adequately reaching the homeless population and are not adequately addressing their unique needs and life circumstances. Of the funds provided, the Committee encourages the Department to support the development and expansion of addiction services targeted to the homeless.

The Committee recommends that the Department prepare and submit a report which details actions the Department will take to ensure that States, political subdivisions of States, tribes and tribal

organizations, and public and private nonprofit entities receiving substance abuse block grant funds will use a portion of such funds for developing and expanding addiction services targeted to the homeless.

The Committee understands that Pennsylvania's Department of Health is developing a research-based educational and training institute to provide health professionals with the most up-to-date technical assistance in treating persons with substance abuse problems. The Committee believes that additional Federal resources can supplement current private and state funding so that more individuals can overcome their substance abuse problems. These types of activities can serve as a model for other facilities; therefore, the Committee encourages that best practices in treatment approaches be shared among providers.

The Committee recognizes the high rate of drug and alcohol dependency among the Native American communities in northwestern Nebraska. The Committee believes that funding from the Department would allow the Nebraska Panhandle Partnership for Health and Human Services to create a culturally-sensitive, community-based substance abuse treatment and after-care pilot program for Native Americans. The Committee also believes that, because of their large concentrations of Native Americans, Sheridan and Dawes Counties and their surrounding communities would be well-suited for these services.

The National Household Survey on Drug Abuse (NHSDA) is a basic survey providing information on the prevalence and incidence of substance abuse and the number of persons who have received treatment. This survey is being expanded to provide information that will assist State and local agencies with responsibility for providing substance abuse treatment and prevention services. Last year, NHSDA was expanded to include a more comprehensive set of data on tobacco product use, including information on user brands. The Committee is pleased with the progress made by SAMHSA in gathering data to identify emerging substance abuse problems, including tobacco, and expanding the survey size. This will enable state-by-state comparisons and the tracking of trends within a State. The Committee also recognizes the work SAMHSA has done to apply the newest technologies to data gathering.

The Committee is concerned about the devastating effects of heroin use on individuals and their families. For decades, methadone has been the primary method of treating heroin addiction. The Committee has heard reports that expanding the availability of methadone would help additional heroin addicts receive treatment. The Committee is aware of a proposed rule to revise the conditions for the use of narcotic drugs in maintenance and detoxification treatment of opioid addiction. Comprehensive monitoring of the implementation of this regulation in conjunction with a study by the Secretary evaluating the possibility and effects of expanding the use of methadone would be valuable to the Committee.

The Committee understands that Mexican black tar heroin abuse has become a major problem in many areas of the country, in particular, Southwestern border states and major metropolitan areas in the West. The State of New Mexico has experienced an extremely high incidence of Mexican black tar heroin abuse in Rio

Arriba and Santa Fe counties. The Committee believes that funding for a demonstration project in Rio Arriba and Santa Fe counties would yield valuable information concerning how to treat this deadly addiction. The Committee believes that a demonstration project to determine ways to prevent this addiction would also yield valuable benefits.

Substance abuse block grant

The Committee recommends \$1,715,000,000 for the substance abuse block grant of which \$100,000,000 shall become available on October 1, 2000, \$30,508,000 more than the comparable fiscal year 1999 level and the same as the administration's request.

The substance abuse block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to the States according to formula. State plans must be submitted and approved annually.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 1999	\$163,944,000
Budget estimate, 2000	138,000,000
Committee recommendation	168,000,000

The Committee recommends \$168,000,000 for programs to prevent substance abuse, an increase of \$4,056,000 over last year's level and \$30,000,000 more than the budget request. This amount funds substance abuse prevention knowledge, development, and application demonstrations, targeted capacity expansion, and grants for youths at risk of substance abuse.

Substance abuse prevention, knowledge, development, and application and targeted capacity expansion

The Committee has provided \$161,000,000 for the substance abuse prevention, knowledge, development, and application program [KDA] and the targeted capacity expansion program [TCE], \$4,053,000 more than the fiscal year 1999 amount and \$30,000,000 more than the administration's request.

The Committee has included \$7,000,000 for the purpose of making grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high risk youth, as authorized by section 517 of the Public Health Service Act as amended. The Committee is highly concerned about the extent of substance abuse among high risk youth. This population is vulnerable to initiating criminal activity against people and property, especially following the acute and chronic use of illicit substances and the abuse of alcohol. These grants are intended to strengthen local capabilities in confronting the complex interrelationships between substance and alcohol abuse and other activities that may predispose young individuals toward criminal, self-destructive, or antisocial behavior.

The Committee expects that States receiving funding under the State Incentive Grant Program will give priority in the use of the 20 percent prevention set-aside in the block grant to: (1) working with community coalitions to develop communitywide strategic

plans and needs assessments; and (2) filling program and service gaps identified by these community plans.

The Committee reiterates its concern about the disproportionate impact of substance abuse in rural and native communities, and has included \$8,000,000 for CSAP programs which serve rural communities. The Committee intends this increase to be reasonably allocated between expanding existing programs and initiating new programs, especially in Alaska.

The Committee believes that prevention programs need to start when children are young, and need to continue to help children make successful transitions. The Committee has included sufficient funds for evaluations of established school-based early prevention and transition programs and continues to be supportive of the efforts of the Corporate Alliance for Drug Education [CADE] which has been operating a program providing education and prevention services to 120,000 elementary school-aged children in Philadelphia.

Within the funds available, the Committee urges CSAP to continue the national effort to provide alcohol and substance abuse prevention and education to children of native Americans with alcoholism.

The Committee understands that there is an urgent problem of drug and alcohol abuse across the Nation. The National Family Policy Assessment Center, located on the campus of Oregon State University, is working to implement proven prevention initiatives for children, youth, and families.

The Committee is aware that the University of Mississippi Medical Center plans to establish the Southeastern Center for Addictive Disorders to treat addictions of youth and underserved populations in the Southeast region of the United States. The Center would generate knowledge about the causation and prevention of addiction that can be used by health professionals across the Southeast.

The Committee recognizes the efforts of the Alaska Council on Prevention of Alcohol and Drug Abuse, the Yukon-Kuskokwim Health Corporation's Regional Substance Abuse Services Program, and the Phillips Ayagnirvik Treatment Center to prevent inhalant abuse among high-risk youth. The goal of this program is to prevent inhalant use by developing rural-focused media messages and materials to educate youth about the consequences of this dangerous substance.

Drug and alcohol related birth defects are a significant problem throughout the Nation. The Committee understands that in Montana the problem is particularly acute in rural areas and on Native American reservations. Montana State University in Billings plans to develop and maintain a web page with relevant information in order to prevent drug and alcohol related birth defects.

The Committee recognizes the efforts of the City of Providence's Southeast Asian youth and Family Development (SEAYFD) project in addressing the rising drug and alcohol abuse, and the alarming gang activity among the Southeast Asian community. SEAYFD has significantly improved the lives of participating youths, demonstrated in fewer school suspensions, higher grade point averages, and increased school attendance.

PROGRAM MANAGEMENT

The Committee recommends \$58,900,000 for program management activities of the agency, \$1,000,000 more than the President's request and \$5,402,000 more than the 1999 level.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies, equipment, travel, and departmental overhead required to plan, supervise, and administer the programs.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 1999	\$201,635,000
Budget estimate, 2000	214,905,000
Committee recommendation	214,905,000

The Committee provides an estimated \$214,905,000 for retirement pay and medical benefits for commissioned officers of the U.S. Public Health Service. This is the same as the administration request and is \$13,270,000 over the estimated payments for fiscal year 1999.

This account provides for: retirement payments to U.S. Public Health Service officers who are retired for age, disability, or length of service; payments to survivors of deceased officers; medical care to active duty and retired members and dependents and beneficiaries; and for payments to the Social Security Administration for military service credits.

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

Appropriations, 1999	\$172,818,000
Budget estimate, 2000	206,255,000
Committee recommendation	211,255,000

The Committee recommends \$19,504,000 in Federal funds for the Agency for Health Care Policy and Research [AHCPR]. In addition, the Committee provides transfers of \$191,751,000 from funds available under section 241 of the Public Health Service Act. Total funding provided for the Agency is \$211,255,000, which is \$38,437,000 over the fiscal year 1999 funding and \$5,000,000 above the administration's request.

The Agency for Health Care Policy and Research was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. AHCPR is the Federal agency charged to produce and disseminate scientific and policy-relevant information about the cost, quality, access, and medical effectiveness of health care. AHCPR provides policymakers, health care professionals, and the public with the information necessary to improve cost effectiveness and appropriateness of health care and to reduce the costs of health care.

Biosecurity analysis and research.—The Committee urges the agency to use \$5,000,000 above the administration request to initiate a new activity concerning biosecurity and associated bioterrorism threats. The Committee urges the agency to support and

conduct research to investigate and evaluate rapid response systems and the most effective clinical interventions to treat patients who have been exposed to chemical and biological agents. This research would provide information about the most effective means to organize health care systems to respond to the health needs of populations exposed to these agents. Such research should investigate and report on the state of readiness for emergency rooms, medical personnel and public health infrastructures. The Committee encourages the agency to establish partnerships with health care organizations, schools of public health and medicine, professional societies, and policy research organizations to translate findings from this research into practice.

The Committee is aware of the efforts of the BioMed Security Institute, a collaboration between the University of Pittsburgh and Carnegie Mellon University in Pittsburgh, Pennsylvania, to address the national need for greater preparedness for biological terrorist attack. The Committee recognizes the urgency of independent research and analysis into enhanced preparedness, coordination and response to biological terrorism. The Committee commends the Institute for uniquely combining the latest in information technology and biomedical research to address this critical national need.

The Committee is aware of the efforts by the St. Louis University School of Public Health to conduct analysis in biosecurity and urge the agency to review its proposal for merit.

The Committee is aware of recent studies that may indicate the disparity by gender in the aggressiveness of the treatment of heart disease for men and women. The Committee encourages the agency to make suggestions on needed changes in policy and research priorities to address any such inequities. Sufficient funds are available to conduct this activity.

The Committee is aware of the Dental Health Services Report submitted by the Agency and is concerned that only three extramural dental projects were supported in 1998. Given the cost to society and given the findings of the Early Childhood Caries Conference that dental caries is of epidemic proportions in many low socioeconomic preschool children in the U.S., the Committee requests that AHCPR expand its investment in dental health services research and the training of dental health services researchers.

The agency is urged to enhance its investment in health services research devoted to improving the quality and outcomes of children's health care, including support for research, research centers and training.

The Committee encourages the agency to assist the National Breast and Cervical Cancer early detection program in determining the extent of medical treatment obtained by individuals screened and then determined to have breast and/or cervical cancer.

The Committee urges AHCPR to conduct a study of the per-patient cost of treatments for temporomandibular joint (TMJ) patients and to conduct an analysis of the efficacy of these treatments.

The Committee notes that the AHCPR has begun to rebuild the investigator-initiated research program and the career development program. The Committee encourages the AHCPR to continue this

expansion and specifically target some of these initiatives to physician-scientists who provide a unique perspective on research regarding the quality and cost-effectiveness of medical care. In addition, the Committee urges greater efficiency in the Agency's contract research portfolio and the use of resulting savings for the investigator-initiated research program and the career development program in fiscal year 2000.

HEALTH COSTS, QUALITY, AND OUTCOMES

The Committee provides \$172,914,000 for research on health costs, quality and outcomes [HCQO]. Of the amount provided, \$155,751,000 is derived from section 241, 1-percent evaluation set-aside funds and \$17,163,000 is derived from Federal funds. HCQO research activity is focused upon improving clinical practice, improving the health care system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Rural managed care program.—The Committee encourages the agency to support an additional rural managed care demonstration grant to build upon the achievements of the past five years and for further network development.

Centers for Education and Research in Therapeutics.—The Committee notes that the introduction of highly effective drugs to prevent or treat a wide array of diseases and disorders has engendered growing concern about the extent to which drugs and devices are used inappropriately. It has been brought to the Committee's attention that adverse drug reactions comprise the fourth leading cause of death in the United States among hospitalized patients. To address this problem, Congress established the Centers for Education and Research in Therapeutics, which will research and educate the public on the use of approved drugs, the prevention of adverse drug reactions, and the appropriate use and dosage of specific drugs in special populations such as women, children, minorities, and the elderly. The Committee encourages the agency to accelerate its commitment to these centers.

Children's health.—The Committee is supportive of the Agency's efforts to establish a children's health services agenda. The Committee continues to encourage AHCPR to work with schools of nursing to identify the high risk areas requiring research to provide better direction in caring for this vulnerable group and to continue work with the Emergency Medical Services for Children Program at the Health Resources Services Administration to evaluate the potential impact of managed care on children's access to emergency medical care.

The uninsured.—The Committee is aware of a proposal by the Access to Health Project to study barriers to accessing health care among the uninsured in the St. Louis region by undertaking primary research, data collection and analysis.

Women's health.—The Committee commends the agency for its ongoing work to improve the standards of care in women's health. The Committee is aware that a significant number of gynecologic exams yield inconclusive results that often require expensive re-testing. Last year, the Committee encouraged the agency to conduct outcomes research that would incorporate ultrasound tech-

nology as a standard of care for women's health services. The Committee understands that the agency is further examining such research efforts and looks forward to receiving updates on the progress being made to date.

Vision health.—The Committee is aware of the work of vision rehabilitation professionals who help to restore the safe functional ability of patients with visual impairments by teaching a wide range of daily independent living skills. The Committee encourages the agency to conduct research on potential models of care.

HEALTH INSURANCE AND EXPENDITURES PANEL SURVEYS

The Committee provides \$36,000,000 for health insurance and expenditures panel surveys [MEPS], which is the same as the administration request and \$8,200,000 above the fiscal year 1999 level. The entire amount provided is derived from 1 percent evaluation set-aside funds. Within this category of activity, the Administration proposes to include activities previously designated as research on health insurance and expenditure surveys. MEPS is intended to obtain timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs and scope of private health insurance benefits. It also develops cost and savings estimates of proposed changes in policy and identifies impact of policy changes on payers, providers, and patients.

Program support

The Committee recommends \$2,341,000 for program support. This amount is the same as the administration request and is \$1,795,000 lower than the fiscal year 1999 level. This activity supports the overall management of the Agency.

HEALTH CARE FINANCING ADMINISTRATION

GRANTS TO STATES FOR MEDICAID

Appropriations, 1999	\$74,720,544,000
Budget estimate, 2000	86,087,393,000
Committee recommendation	86,087,393,000

The Committee recommends \$86,087,393,000 for grants to States for Medicaid. This amount is \$11,366,849,000 more than the fiscal year 1999 appropriation and the same as the administration's request. This amount excludes \$28,733,605,000 in fiscal year 1999 advance appropriations for fiscal year 2000. In addition, \$30,589,003,000 is provided for the first quarter of fiscal year 2001, as requested by the administration.

The Medicaid Program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, Puerto Rico, and the territories. Federal funds for medical assistance are made available to the States according to a formula which determines the appropriate Federal matching rate for State program costs. This matching rate, which may range from 50 to 90 percent, is based upon the State's average per capita income relative to the national average.

In order to provide the most effective services to abused and neglected children in our child welfare system, it is important to en-

sure providers have the flexibility they need. Currently Medicaid Rehabilitative Treatment Services are combined with state and local resources to create a package of treatment, safety, and permanency services for these children and their families. However, administering these separate programs is extremely complex, and bogs down service providers with inflexible rules and multiple paperwork and documentation requirements. The State of Iowa has submitted a proposal to HCFA to restructure services in order to increase flexibility, ease administrative burdens and encourage innovation in service selection and delivery. The Iowa proposal would utilize existing Medicaid resources and does not request additional appropriations. The Committee encourages HCFA, pending agreement on a final plan, to consider approving the Iowa proposal as a two-year project to demonstrate the efficacy for this service approach.

The Committee continues to be concerned about the widespread problem of state Medicaid programs' noncompliance with requirements to conduct blood lead screening for children served by the program. In light of the General Accounting Office's February 1998 finding that there is widespread noncompliance with Medicaid's lead screening requirements, the Committee again strongly urges the Department to submit the report it requested last year by January 1, 2000. The report should cover the policy, program, oversight, enforcement, and education steps HCFA is taking to dramatically increase blood lead screening of children served by Medicaid.

PAYMENTS TO HEALTH CARE TRUST FUNDS

Appropriations, 1999	\$62,823,000,000
Budget estimate, 2000	69,289,100,000
Committee recommendation	69,289,100,000

The Committee recommends \$69,289,100,000 for Federal payments to the Medicare trust funds. This amount is the same as the administration's request and is an increase of \$6,466,100,000 from the fiscal year 1999 appropriation.

This entitlement account includes the general fund subsidy to the supplementary medical insurance trust fund (Medicare part B), plus other reimbursements to the hospital insurance trust fund (Medicare part A), for benefits and related administrative costs which have not been financed by payroll taxes or premium contributions.

The Committee has provided \$68,690,000,000 for the Federal payment to the supplementary medical insurance trust fund. This payment provides matching funds for premiums paid by Medicare part B enrollees. This amount is the same as the administration request, and is \$6,811,000,000 more than the fiscal year 1999 amount.

The recommendation also includes \$349,000,000 for hospital insurance for the uninsured. This amount is the same as the administration's request and is \$206,000,000 less than the 1999 amount.

The Committee also recommends \$121,000,000 for the Federal uninsured benefit payment. This payment reimburses the hospital insurance trust fund for the cost of benefits provided to Federal annuitants who are eligible for Medicare. This amount is the same as

the administration's request and is \$24,000,000 more than the fiscal year 1999 appropriation.

The Committee recommendation includes \$129,100,000 to be transferred to the hospital insurance trust fund as the general fund share of HCFA's program management administrative expenses. This amount is the same as the administration's request and is \$162,900,000 less than the fiscal year 1999 level.

PROGRAM MANAGEMENT

Appropriations, 1999	\$2,142,835,000
Budget estimate, 2000	2,016,127,000
Committee recommendation	1,991,321,000

The Committee recommends \$1,991,321,000 for HCFA program management. This is \$24,806,000 less than the budget request and \$151,514,000 less than the fiscal year 1999 enacted level.

Research, demonstrations, and evaluation

The Committee recommends \$65,000,000 for research, demonstration, and evaluation activities. This amount is \$10,000,000 more than the budget request and \$15,000,000 more than the amount provided in fiscal year 1999.

HCFA research and demonstration activities facilitate informed, rational Medicare and Medicaid policy choices and decisionmaking. These studies and evaluations include projects to measure the impact of Medicare and Medicaid policy analysis and decisionmaking, to measure the impact of Medicare and Medicaid on health care costs, to measure patient outcomes in a variety of treatment settings, and to develop alternative strategies for reimbursement, coverage, and program management.

The recommended funding level for the research and demonstration program will provide for continuation of current activities including telemedicine demonstration projects, which should remain a high priority. Priority areas for HCFA research include access to high-quality health care, health service delivery systems, and provider payment systems.

The Committee has included funds to continue at current levels the Nursing Home Transition Initiative, to help states carry out demonstration projects of developing community-based attendant care services that ensure maximum control by consumers to select and control their attendant care services. The Committee also has included funds to support a study, utilizing existing data, to determine the impact of expanded personal assistance services on the utilization and cost of institutional services, and the utilization and supply of unpaid informal support services.

The Committee is aware that the Health Care Financing Administration has a Nursing Home Initiative (NHI) underway with the goal of achieving improvements in the quality of care in federally certified nursing homes. The Committee notes the agency's demonstrated commitment to this initiative with approval. The Committee is interested in the measurable outcomes of the agency's NHI with respect to quality of care. The Committee requests that the Secretary report no later than July 15, 2000 to this Committee and appropriate committees of Congress in regard to improvements in quality of care for nursing homes.

The Committee encourages HCFA to review the need for the following activities: Conduct a nationwide survey and define appropriate physician and non-physician clinical resources that are necessary to provide safe outpatient cancer therapy; determine the practice expenses associated with the utilization of those resources; report to Congress with recommendations regarding the development and inclusion of work units in the practice expense formula and the development and adoption of standards to assure the provision of safe outpatient cancer therapy.

The Committee is aware that Medicare currently covers drugs and biologics that are administered in a hospital or physician office but not those that are self-administered by the patient at home for the treatment of the same disease, which may be more cost effective.

The Committee urges the Secretary of Health and Human Services to review the policy regarding Medicare coverage of self-injected biologics as alternatives to therapies that are currently covered under Medicare for the treatment of rheumatoid arthritis. The Secretary is encouraged to consider the costs of administration when assessing the efficacy, safety and cost of the covered therapy as compared to the self-administered biologic.

The Committee recognizes that Children's Hospice International has designed an appropriate model of comprehensive community-based hospice care for children with life threatening conditions and their families by changing the eligibility requirements to better meet the needs of this underserved population. The model is complete, and states are ready to develop demonstration model programs with a relatively small federal investment.

The Committee is aware of research conducted at the University of Missouri-Kansas City (UMKC) that is aimed at developing and testing behavioral interventions that address inappropriate behaviors of older nursing home residents with moderate to severe dementia. The Committee believes this type of research is critical to improving the quality of care provided to the elderly living in nursing homes across the country. Additional demonstration funding would support a research project at UMKC's School of Nursing to test behavioral interventions that could alleviate the inappropriate behaviors of nursing home residents with moderate to severe dementia.

The Committee is aware that an estimated 4,800,000 Americans suffer from heart failure and that heart failure is the leading cause of hospitalization among all Medicare patients. The total estimated cost of heart failure patient hospitalizations is \$6,600,000,000 a year. The Committee has included funding to allow HCFA to conduct a demonstration of an innovative integrated technology and nursing services program to provide accurate daily in-home monitoring of patient symptom changes so that physicians can intervene to reduce hospitalizations among high-risk patients with congestive heart failure. The Committee is aware that the University of Pennsylvania Medical Center, the University of Louisville Sciences Center, and St. Vincent's Hospital in Montana are leading facilities for the treatment of congestive heart failure, and are uniquely qualified to coordinate this project.

The Committee is aware that Littleton Regional Hospital in New Hampshire was forced to divert scarce resources from other worthy community health programs to meet its responsibilities, when HCFA failed to fulfill its obligations to complete the funding cycle under the Rural Health Care Transition Grant Program. A grant to this hospital would help support a trauma service program.

The Committee encourages HCFA to include the concept of nurse-run clinics and the utilization of advanced practice nurses as primary care providers in its research and demonstration activities. As Medicare and Medicaid move into the managed care arena, it is important that the most effective health care delivery systems be identified and utilized. Health promotion and prevention initiatives which are integral functions of nursing will play a significant role in the future of health care of our aging population. The Committee requests a report on the status of nurse-run clinics and advanced practice nurses in their demonstration projects by March 1, 2000.

The Committee remains concerned about the extraordinary adverse health status of Native Hawaiians and encourages HCFA to initiate a special demonstration project at the Waimanalo health center exploring the use of preventive and indigenous health care expertise. The Committee further recommends that Papa Ola Lokahi, the Native Hawaiian health care organization recognized in the Native Hawaiian Health Care Act, actively participate in this demonstration project.

The Committee is concerned about the extraordinary adverse health status and the limited access to health services of Alaska Natives and others living in Southwestern Alaska, the poorest section of Alaska, and encourages HCFA to initiate a demonstration project in Southwestern Alaska with the State of Alaska and the Yukon-Kuskokwim Health Corporation to provide comprehensive managed health services to indigent residents of that area.

The Committee recognizes that there is a tremendous disparity in funding to Indian tribal governments when comparing per capita expenditures available to Indian health beneficiaries versus other non-Indian Federal Agency health beneficiaries. The Committee acknowledges that equivalent funding in these areas would decrease the progression of preventable diseases, significantly reduce prolonged medical treatment, and promote an altogether healthier Indian community, which in turn could actually reduce Indian need for health care. Given the demonstrated capability of the Rocky Boy Tribe in Montana, in administering its own health care services, the Committee recognizes the importance of the Rocky Boy Tribe's health Disparity Project.

The Committee is aware of two ISO certification projects, one to include two small rural hospitals, the other to include a nationally renowned medical research, teaching and biotechnology institution. It is anticipated that quantifiable data will be produced to demonstrate the advantages of implementing ISO for rural and small clinical applications and environmental management standards in health-care related biotechnology applications.

The Committee is concerned about high percentage of people living along the U.S.-Mexico border who have neither health insurance nor, in many cases, access to a primary health care provider. Therefore, the Committee urges that an innovative public health

and health care delivery research project be conducted by the University of Arizona, the University of Texas at Houston and the University of Texas at San Antonio along the U.S.-Mexico border.

The Committee understands that there can be a great degree of variability in skilled nursing certification and compliance surveys both among states and within a single state. An Informal Dispute Resolution (IDR) process can serve as the venue for the provider to air a disagreement with the surveyor's findings. The Committee is aware that the IDR process is not always objective, and understands that often personnel in the same office conducting the survey are responsible for reviewing the disputes. Because of these concerns, the Committee urges HCFA to use its research and demonstration authority to conduct pilot studies in several states utilizing an independent body to perform the IDR process.

The Committee is aware of efforts at Georgetown University Medical Center to improve medical care of Medicare eligible patients by designing a computer system to track actual costs of treatment for under-served Medicare patients in the Washington metropolitan area and comparing these costs with the DRG-established program costs. This demonstration would provide the Medicare system with a model for closer tracking of health care costs needed to improve coverage, and ultimately, improve medical care.

To assist health care facilities in maximizing their use of existing capital equipment and minimizing lost or stolen assets, the Committee is aware of a project that would use radio-frequency identification technology to maximize use of existing equipment, provide an instant inventory, and improve patients to services within health care facilities.

The Committee reiterates its recommendation, contained in last year's report, for a pilot program for optical memory cards to be used for the recording and keeping of medical records.

The Committee is aware that the Oregon Health Sciences University proposes to undertake a Health Aging Demonstration Project to provide coordinated, individualized management and treatment of patients in a health coaching system prior to the onset of problems associated with aging. Federal support for this project would allow for a unique system of care coordination and case management in the elderly population, which will yield demonstrated cost savings to the federal Medicare program.

In the coming years, the elderly will provide the greatest challenge to our ability to provide health care at reasonable cost and with human dignity. At present, the elderly often die or remain sick because of their institutional environment. In order to encourage adoption of concepts such as "Aging in Place" and the "Eden Alternative", by nonprofit health institutions it is proposed that seed money or grants be considered for institutions who initiate such programs.

The Committee is aware of efforts by the Health and Hospital Corporation of Marion County in Indianapolis, Indiana to provide coordinated continuous care, including mental health care, to low income elderly beneficiaries who are dually eligible for health care services under the Medicare and Medicaid programs. Federal research and demonstration funding would make possible an integrated senior care demonstration project at multiple settings in-

cluding hospital, nursing home and outpatient ambulatory sites. This would include home care services for the purpose of evaluating methods, such as management, interdisciplinary team evaluations and other methods of coordination of care that improves the continuity and quality of care provided to low income, dually eligible elderly beneficiaries. The demonstration project would also evaluate methods that optimize the functional status and independence of target individuals, integrate mental health services with physical health services, and reduce long-term combined expenditures under the Medicare and Medicaid programs.

The Committee is aware that the Medicare Demonstration program in the nation's capital is authorized in the Balanced Budget Act of 1997. The objective of the Demonstration, as specified in the legislation, is to improve the quality of care for the sickest, neediest Medicare patients in the national capital region at no increase costs to Medicare. Federal funding would ensure the success of the demonstration by covering the three components of the demonstration project: case management services, flexible benefits and information infrastructure.

The Committee remains concerned that Medicare policies are not flexible enough to provide for third party reimbursement of patient care in high quality cancer clinical trials. The Committee was pleased that the Administration addressed this important issue in its budget request and encourages HCFA to work with the National Institutes of Health and National Cancer Institute to develop a plan for reimbursing NIH sponsored cancer clinical trials.

The Committee is pleased with HCFA's proposal to provide demonstration grants to states to test innovative asthma disease management techniques for children enrolled in Medicaid. The Committee encourages HCFA to consider providing this program with the necessary funding to carry out this initiative.

A recent General Accounting Office report estimated that more than 400,000 children eligible for federal health care programs have undetected harmful levels of lead in their blood, despite federal laws requiring that they be screened for lead poisoning. The Committee understands that HCFA recently revised its Medicaid screening and reimbursement policy for childhood lead poisoning testing. The Committee urges HCFA to monitor the impact of these policy changes and to take every appropriate step to ensure that screening rates among children enrolled in Medicaid are substantially increased. Moreover, the Committee encourages HCFA to consider the development of new screening technologies that have the potential to significantly increase screening rates when evaluating its reimbursement policy.

The Committee is aware of the need for a demonstration project to determine the applicability of managed care principles in the long-term care setting. Federal funding would permit a Medicaid demonstration project showing that the concept of least restrictive setting can be implemented on a trial basis. Outcomes should be measured by such factors as life span and length of time patients are not in a nursing home or acute care settings. Appropriate sites for this demonstration would be rural and urban areas of Ohio, New York, Pennsylvania, and Florida.

The Committee is aware that a recent study by Johns Hopkins University indicates that some HIV patients were receiving sub-standard medical care. The Committee is pleased with the success of the treatment demonstration being conducted at the AIDS Healthcare Foundation in Los Angeles, and urges the Administration to expand the demonstration of residential treatment facilities.

Medicare contractors

The Committee recommends \$1,244,000,000 for Medicare contractors, which is \$30,303,000 less than the administration's request and \$21,081,000 less than the comparable fiscal year 1999 appropriation. This recommendation does not include user fees proposed by the administration, to charge Medicare providers for processing paper claims and duplicate or unprocessable claims and for initial and continued enrollment in the Medicare Program. The Committee recommendation includes a reduction to reflect its understanding that HCFA has changed its approach for processing managed care encounter data, resulting in an estimated savings of \$30,000,000. In addition, \$630,000,000 is available for the Medicare Integrity Program within the mandatory budget as part of the recently enacted health insurance reform legislation.

Medicare contractors, who are usually insurance companies, are responsible for reimbursing Medicare beneficiaries and providers in a timely fashion and a fiscally responsible manner. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

The Committee agrees that contracts with States for health advisory services programs for Medicare beneficiaries is an allowable activity under the Medicare contractor beneficiary services budget, and recommends maintaining funding for this activity in fiscal year 2000. These contracts would provide assistance, counseling, and information activities relating to Medicare matters as well as Medicare supplemental policies, long-term care insurance, and other health insurance benefit information.

The Committee understands that there are continued disparities in reimbursing Medicare covered chiropractic health care services that are not applied to other health care providers under current law. The Committee urges the Secretary of Health and Human Services to review and amend, where necessary, its regulations, rules and limits on chiropractic health care services under Medicare, and to report to the Committee regarding efforts to correct these disparities.

State survey and certification

Survey and certification activities ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. Onsite surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

The Committee recommends \$204,347,000 for Medicare State survey and certification activities, an increase of \$29,347,000 over the 1999 level.

Federal administration

The Committee recommends \$477,974,000 for Federal administrative costs. This is \$4,503,000 less than the administration's request. Excluding year 2000 computer conversion funds provided in 1999, the recommendation is \$22,216,000 more than the 1999 level.

The Committee remains extremely concerned with the amount of money lost every year to fraud, waste, and abuse in the Medicare program. The Committee has held many hearings and taken other corrective actions over a 10-year period to expose and reduce these losses. The Balanced Budget Act contains a number of important reforms derived from Committee hearings. The Committee urges HCFA to promptly utilize these new authorities for competitive bidding and improved beneficiary information so that savings to Medicare will accrue as quickly as possible. Because the Veterans Administration has successfully operated competitive bidding programs for medical supplies for years, the Committee urges HCFA to contract with the VA to carry out a competitive bidding demonstration.

There is strong evidence, through reports by the General Accounting Office, the Department and others that Medicare is significantly overpaying for many medical supplies. Therefore, the Committee strongly urges prompt use of the Secretary's enhanced inherent reasonableness authority on a national basis.

The Committee has raised its concerns about HCFA and its contractors' plans for assuring year 2000 compliance. Without appropriate corrective action, Medicare payments could be significantly delayed and could result in significant loss of confidence among beneficiaries and a reduction of providers willing to accept Medicare patients. The Committee is pleased with the increased attention the Administrator has placed on solving this problem and expects to be briefed on progress to compliance. The Committee encourages the Administrator to devote sufficient personnel resources to this effort.

The Committee is pleased with the collaboration of HCFA and HRSA in implementing the Children's Health Insurance Program. The Committee urges continuing this partnership to assist states in developing community-based comprehensive systems of quality care so that every child and particularly adolescents, may have available appropriate health and mental health services. The Committee urges expanded partnership of Medicaid and Maternal and Child Health programs at both the federal and state level, particularly concerning outreach and systems development issues, to assure effective, efficacious and efficient use of federal funds.

The Committee requests that HCFA submit a report prior to the fiscal year 2001 appropriations hearings providing an estimate of the number of children enrolled in the CHIP, an analysis of the obstacles to enrollment, including issues related to immigration status, and provide recommendations for increasing enrollment of children, as well as recommendations for Congress, HHS, and states to better coordinate CHIP with other programs serving children.

The Committee urges HCFA to consider recognizing all health professions in allocations for Graduate Medical Education.

The Committee is pleased that HCFA has recently agreed to begin covering pancreas transplantation for Medicare beneficiaries.

The Committee affirms that Congress enacted the Indian Health Care Improvement Act with the intention of improving access to health care for Native Americans, including access to Medicaid-funded services. Congress intended to cover 100 percent of amounts that states expend for medical assistance received through an Indian Health Service facility, including contractual and referral arrangements made through IHS. Moreover, medical assistance includes the full array of services for which a state Medicaid program can claim federal matching funds. therefore, the committee urges HCFA to reconsider its interpretation of the Indian Health Care Improvement Act.

The Committee understands that Medicare payments for pessaries fall below the cost physicians and other women's health providers must incur to furnish these prosthetic devices to Medicare beneficiaries. Pessaries offer an important treatment option for elderly women suffering from uterine prolapse. HCFA is urged to review the Medicare payment for pessaries in order to insure that its reimbursement policy is sufficient to insure access to these devices.

The Committee understands that health care is moving towards an emphasis on primary care and health promotion and increasing the role for advanced practice nurses. The Committee also understands that Medicare GME provides \$200,000,000 for nursing. The Committee requests a report by March 1, 2000 on how the Medicare Nursing GME needs to be changed to meet today's requirements. This report should also include recommendations for a demonstration project regarding Medicare Nursing GME.

The Committee is aware of HCFA's decision to reduce funding for child neurology residency training programs and urges HCFA to continue funding the entire five years required to complete the residency requirement.

There is strong evidence, through reports by the General Accounting Office, the Department and others that Medicare is significantly overpaying for many medical supplies. Therefore, the Committee strongly urges prompt use of the Secretary's enhanced inherent reasonableness authority on a national basis.

The Committee is aware that HCFA recently completed tests of commercial off-the-shelf computer software designed to reduce Medicare mispayments and found that significant savings could be achieved by employing edits from the tested software. The Committee urges HCFA to promptly incorporate these edits and to test other commercial software for other edits that could be used to further increase savings while maintaining current Medicare regulations.

The Committee is pleased that HCFA has moved ahead to establish program integrity contracts. These contractors have significant potential to reduce losses to the Medicare program. The Committee encourages HCFA to fully utilize these contractors and to explore the use of companies to recover mispayments that have significant experience providing this service to major commercial insurers and major employers.

The Committee is encouraged by HCFA's efforts to strike a balance between regulatory flexibility and evidence-based requirements linked to anesthesiology outcomes. The Committee believes that it is important to move forward on the issue of whether or not

to defer to states the right to impose supervisory or related requirements on the services provided by certified registered nurse anesthetists, and urges the Secretary of Health and Human Services to finalize regulations establishing Medicare conditions of participation for hospitals and ambulatory surgical centers relating to anesthesia services under Title XVIII of the Social Security Act.

The Committee encourages the Secretary to encourage applications and to select grantees from private, not-for-profit health systems, particularly those that demonstrate the ability to generate private matching funds to create model public-private partnerships that enhance integrated systems of health care for the working poor.

The Committee is concerned about the effects of proposed outpatient prospective payment system Medicare rules on reimbursement for stereotactic radiosurgery and other specialized radiation procedures. The Committee urges the Health Care Financing Administration, working with patient groups and the industry to maintain consistency and inpatient reimbursement system. An important element of such consistency would include separating stereotactic radiosurgery coding by industry segment, and by cost resources and clinical outcomes. Due to concerns about jeopardizing patient lives and quality of care, HCFA is urged to carefully study before implementing any proposed changes to the current practice that stereotactic radiosurgery treatment remain exclusively in the hospital based inpatient and outpatient system.

The Committee is encouraged that HCFA is reviewing its reimbursement rate for hospitals for the cost of copying medical records requested by peer review organizations in their audits of Medicare claims and urges HCFA to update that reimbursement rate.

The Committee is pleased that HCFA is working with the Social Security Administration and the appropriate State agencies in identifying potential Medicare buy-in eligibles. The Committee encourages HCFA and the Social Security Administration to expand these efforts by placing a specific emphasis on identifying and helping states enroll widowed spouses who may have recently become eligible due to the recalculation of their Social Security benefits upon their spouses' death. The Committee urges HCFA to consider a demonstration project to provide grants to support new enrollment promotion projects among this vulnerable position.

The Committee is pleased with the progress made to date concerning the translation of HCFA materials into Chinese in key communities, and encourages the agency to expand this effort to include additional Asian and Pacific languages and to initiate other outreach efforts. The Committee further urges the agency to continue its collaboration with national aging organizations with proven experience in serving minority elders.

The Committee urges HCFA to review the requirement of law that the Secretary pay hospitals under Medicare an additional amount for their costlier, sicker patients. The Committee understands that these outlier payments are to be between 5 and 6 percent of total projected DRG payments. It has been brought to the Committee's attention that HCFA has underpaid outliers for several years, and to avoid correcting these underpayments, is seeking

to change the existing payment methodology to avoid retroactive adjustments.

The Committee is extremely concerned over HCFA's failure to articulate clear guidelines and to set expeditious timetables for consideration of new technologies, procedures and products for Medicare coverage. Two particularly troubling examples are HCFA's lengthy delays and failure to articulate clear standards regarding Medicare coverage of positron emission tomography (PET) and lung volume reduction surgery (LVRS). The effect of these delays in instituting Medicare coverage is to deny the benefits of these technologies and products to Medicare patients. The Committee is also concerned that HCFA appears to be requiring new technologies to repeat clinical trials and testing already successfully completed by the new products in the process of gaining FDA approval or in NIH clinical trials and which serve as signals to private insurers to cover new technologies. The recent creation of a 120-person advisory committee to review new technologies is also of some concern to the Committee, and the Committee notes that it will be observing the new advisory committee to review its costs and to see whether its use further delays Medicare coverage of new products. Because of the possible duplication of efforts among HHS agencies and related unnecessary costs to the Medicare program and the Department, the Committee expects that the Secretary will take a leadership role in resolving this matter expeditiously.

The Committee strongly urges the Secretary to appoint a three-person Medicare-Technology Consumer Advisory Committee. The Committee should be appointed from among knowledgeable patient advocates and members of the medical community with expert knowledge of new technologies and cost-benefit analysis. The new Committee should study the current HCFA process for determining new coverages and should report at least every six months to the Secretary, this Committee and to the general public on its findings and recommendations. The Committee will also expect to hear from the Secretary during the fiscal year 2001 hearing, recommendations on streamlining HCFA's approval process for Medicare coverage of new technologies and products.

Medicare choice

The Committee has included bill language giving HCFA the authority to collect \$95,000,000 in user fees for the costs of beneficiary enrollment and dissemination of information for the managed care activities now permitted under the Medicare Program.

The Committee recognizes that the enrollment and information activities required are new ground for HCFA. The Committee also recognizes the value of any data and reporting on this and other programs which are designed to improve the quality of care and contain costs for Medicare beneficiaries. Therefore, the Committee believes HCFA should provide a quarterly report to Congress detailing the substance and implementation of information being provided to beneficiaries and an accounting of its expenditures under section 1857(e)(2) as soon as they become available.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND
FAMILY SUPPORT PROGRAMS

Appropriations, 1999	\$3,122,800,000
Budget estimate, 2000	3,216,800,000
Committee recommendation	3,291,000,000

The Committee recommends that \$3,291,000,000 be made available in fiscal year 2000 for payments to States for child support enforcement and family support programs, \$74,200,000 more than the administration request. These payments support the States' efforts to promote the self-sufficiency and economic security of low-income families. The Committee does not agree with the President's recommendation to change the match rate for paternity testing or to repeal the provision in statute that holds the States harmless from receiving less than the fiscal year 1995 State share of collections.

The Committee recommendation also provides \$650,000,000 in advance funding for the first quarter of fiscal year 2001 for the child support enforcement program. These funds support efforts to locate noncustodial parents, determine paternity when necessary, and establish and enforce orders of support.

The Committee recognizes that, because of continued uncertainty regarding the actual native populations within each State, the funding amounts provided to tribal governments for administering TANF may be inadequate.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 1999	\$1,100,000,000
Budget estimate, 2000	1,100,000,000
Committee recommendation	1,100,000,000

The Committee recommendation includes a \$1,100,000,000 advance appropriation for fiscal year 2001, the same as the budget request. The advance appropriation, as authorized by law, gives States greater opportunity for effective program planning, including sound allocation of resources among the various components of the program.

LIHEAP grants are awarded to the States, territories, and Indian tribes to assist low-income households in meeting the costs of home energy. States receive great flexibility in how they provide assistance, including direct payments to individuals and vendors and direct provision of fuel. LIHEAP grants are distributed by a formula defined by statute, based in part on each State's share of home energy expenditures by low-income households nationwide.

The Committee recommendation includes an emergency allocation of up to \$300,000,000 to be made available, only upon submission of a formal request designating the need for the funds as an emergency, as defined by the Balanced Budget and Emergency Deficit Control Act. This is the same level as the emergency allocation available in fiscal year 1999.

The Committee intends that up to \$27,500,000 of the amounts appropriated for LIHEAP for fiscal year 2000 be used for the leveraging incentive fund, which will provide a percentage match to States for private or non-Federal public resources allocated to low-income energy benefits. Of the fiscal year 2001 advance appro-

priation, up to \$27,500,000 is recommended for the leveraging fund.

The Committee believes that it would be beneficial for the Department to expand its existing clearinghouse contract to undertake a national program of information collection and dissemination regarding the effects of energy restructuring and deregulation on low-income communities and their families.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 1999	\$514,868,000
Budget estimate, 2000	430,500,000
Committee recommendation	430,500,000

The Committee recommends \$430,500,000 for refugee and entrant assistance, \$84,368,000 less than the fiscal year 1999 level and the same as the budget request. In addition, in the fiscal year 1999 supplemental appropriations bill, the Committee provided \$100,000,000 in emergency appropriations to assist in the resettlement of Kosovo refugees.

Based on an estimated refugee admission ceiling of 116,000, this appropriation, together with bill language allowing prior-year funds to be available for 2000 costs, will enable States to continue to provide at least 8 months of cash and medical assistance to needy refugees.

The Refugee Assistance Program is designed to assist States in their efforts to assimilate refugees into American society as quickly and effectively as possible. The program funds State-administered cash and medical assistance, the voluntary agency matching grant program, employment services, targeted assistance, and preventive health.

In order to carry out the program, the Committee recommends \$220,698,000 for transitional and medical assistance, including State administration and the voluntary agency program; \$147,990,000 for social services; \$4,835,000 for preventive health; and \$49,477,000 for targeted assistance.

The Committee provides \$19,000,000 to serve communities affected by the Cuban and Haitian entrants and refugees, the same as the amount contained in last year's appropriation. The Committee also includes \$14,000,000 to address the needs of refugees and communities affected by recent changes in Federal assistance programs, and \$16,000,000 to assist communities with large concentrations of refugees whose cultural differences make assimilation difficult. These funds are included in the social services line item.

The Committee is aware of the Mundelein College at Loyola University-Chicago's efforts to provide educational and counseling outreach to Chicago's immigrant and refugee communities. This program helps facilitate immigrant and refugee populations adapt to the American culture, and obtain all of the educational and career information needed to help them become economically self-sufficient.

The Committee requests a report by March 1, 2000 on the extent to which Hawaii is receiving refugees and immigrants for which the federal government is primarily responsible. This report should

address the country of origin and numbers of individuals, and their impact on health care and social services.

The Committee is aware of the valuable work the Voluntary Agency Assistance Program is doing to resettle immigrants, especially Russian Jews, in the United States. The Committee urges \$39,000,000 will be used to support grants for the Voluntary Agency Grant Program.

Section 412(a)(7) of title IV of the Immigration and Nationality Act authorizes the use of funds appropriated under this account to be used to carry out monitoring, evaluation, and data collection activities to determine the effectiveness of funded programs and to monitor the performance of States and other grantees.

The Committee recommends \$7,500,000 to treat and assist victims of torture. These funds may also be used to provide training to healthcare providers to enable them to treat the physical and psychological effects of torture. The Committee believes that the Department should use the funds provided for torture victims relief in a way that can provide the greatest impact. One way to do this is to consider funding organizations specifically established to address the rehabilitation and social services needs of these victims.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 1999	\$1,182,672,000
Budget estimate, 2000	1,182,672,000
Committee recommendation	1,182,672,000

The Committee recommends an appropriation of \$1,182,672,000 for the advance for the child care and development block grant for fiscal year 2001. This is the same as the fiscal year 1999 level and the administration request.

These funds provide grants to States to provide low-income families with financial assistance for child care; for improving the quality and availability of child care; and for establishing or expanding child development programs. The funds are used to both expand the services provided to individuals who need child care in order to work or attend job training or education and allow States to continue funding the activities previously provided under the consolidated programs.

The bill provides that \$19,120,000 of the amount appropriated shall be for the purposes of supporting resource and referral programs and before and afterschool services. This represents the Federal commitment to the activities previously funded under the dependent care block grant. The Committee further expects that these funds will not supplant current funding dedicated to resource and referral and school age activities provided by the child care and development block grant. The Committee strongly encourages States to address the matters of before and afterschool care and the establishment of resource and referral programs with the funds provided in this program. The Committee recommendation includes \$50,000,000 for an infant care quality initiative, the same amount provided in fiscal year 1999.

The Committee understands that the National Association of Child Care Resource and Referral Agencies is currently operating Child Care Aware, the national toll-free information hotline, which links families to local child care services and programs. The Com-

mittee recognizes that funding from the Department would allow the Association to continue to provide this critical assistance to parents returning to the workforce.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 1999	\$1,909,000,000
Budget estimate, 2000	2,380,000,000
Committee recommendation	1,050,000,000

The Committee recommends an appropriation of \$1,050,000,000 for the social services block grant. The recommendation is \$1,330,000,000 below the budget request and \$859,000,000 below the 1999 enacted level. The Committee has reduced funding for the block grant because of extremely tight budget constraints. The Committee believes that the States can supplement the block grant amount with funds received through the recent settlements with tobacco companies.

The Committee recognizes that some states have successfully pooled resources from the Social Services Block Grant [SSBG] to maximize the number of children served under the Child and Adult Care Food Program. The Committee believes that the Department could provide technical assistance and guidance to other states so that they may use SSBG resources to serve more children in the CACFP.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 1999	\$6,054,238,000
Budget estimate, 2000	6,587,953,000
Committee recommendation	6,682,635,000

The Committee recommends an appropriation of \$6,682,635,000 for children and families services programs. This is \$94,682,000 more than the administration request and \$628,397,000 more than the fiscal year 1999 appropriation.

This appropriation provides funding for programs for children, youth, and families, the developmentally disabled, and Native Americans, as well as Federal administrative costs.

Head Start

Head Start provides comprehensive development services for low-income children and families, emphasizing cognitive and language development, socioemotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

The Committee recommends \$5,267,000,000 for the Head Start Program, an increase of \$608,483,000 above the 1999 level and the same as the budget request.

The Committee recommendation includes funding for the expansion of the Head Start Program in an amount consistent with the bipartisan balanced budget agreement. The expansion funds shall be used in a manner which is responsive to the needs of each community, as identified in individual needs assessments. In addressing the needs of families returning to work under welfare reform, the Committee expects the Department to focus on full-day, full-

year services to children and families in need who are presently enrolled in the program.

Last year, the Congress reauthorized the Head Start program. Among other things, the legislation authorized the Department to conduct the Head Start National Impact Study to assess the success of the program. Because of the historical significance of this research and its importance to the future of Head Start, the Committee believes that the Department should commit the maximum amount of resources authorized for this effort.

The Committee recognizes that Texas A&M University-Corpus Christi's early childhood development center is serving the needs of low-income and Hispanic children. The Committee believes that a demonstration project, funded by the Department, would yield valuable information on children's intellectual, language, social, and physical development during the first three years of life.

The Committee applauds the Department's inclusion of seasonal farmworker children within the Migrant Head Start program. However, the Committee continues to be concerned that funding for Migrant Head Start programs has not kept pace with other elements of Head Start and has kept children of farmworkers from gaining access to Head Start services. On average, 40 to 50 percent of eligible children receive Head Start services. By comparison, only about 10 percent of children of farmworkers who are eligible receive Migrant Head Start services.

The Committee believes that additional funds are needed to assist children of farmworker families, and therefore recommends that assistance for migrant farmworker children be increased above the fiscal year 1999 level. The Committee notes that the Department provided only \$500,000 in additional funding to serve seasonal farmworker children last year. The Committee believes that this is not an adequate amount to address this critical need.

The Committee is aware of the Early Childhood Development Center in Louisville, Kentucky which provides intervention services for infants and preschool children. The Committee recognizes that additional funds would allow more children and infants to be served.

The Committee understands the serious need for additional and expanded Head Start facilities in rural areas and among native American populations. The Committee believes that the Department could help serve these needy communities by providing minor construction funding for facilities in the Alaskan communities of Chevak, Napakiak, Haines, Marshall, Noorvik, Selawik, Pilot Station, Hooper Bay, and Dillingham.

The Committee is increasingly concerned about reports that policies and regulations promulgated by the Head Start Bureau are neither interpreted nor administered consistently in regions around the country. While one of Head Start's most attractive factors is the program's responsiveness to local community needs and delivery systems, programs in various parts of the country should not receive conflicting administrative guidance from the Department.

The Committee believes that the Secretary should ensure that adequate numbers of qualified regional office staff be assigned to handle the complexity of issues facing Head Start, consistent with the funds appropriated to the Department for the staffing and

management of regional offices. One solution to this recurring problem could be the assignment of Head Start-specific staff in regional offices. As Head Start embarks upon a period of significant investment in quality improvement and professional development, the Committee urges the Secretary to place adequate staff and management systems in regional offices to provide regulatory support for the efforts being made in this critical area.

Runaway and homeless youth

The Committee recommends \$43,653,000 for this program, an increase of \$14,000 above the fiscal year 1999 level and the same as the administration request. The Committee has also provided an additional \$15,000,000 from the violent crime reduction program.

This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. The Runaway and Homeless Youth Act requires that 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent funds networking and research and demonstration activities including the National Toll-Free Communications Center. Consolidated within this line item is the transitional living for homeless youth program, which awards grants to public and private nonprofit entities to address the shelter and service needs of homeless youth. Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services.

The Committee is aware of the progress of the California Child, Youth, and Family Coalition in providing runaway and homeless youth with a safe place to sleep, food and clothing, counseling, educational opportunities, and job training.

Runaway youth—transitional living

The Committee recommends \$19,949,000 for the transitional living grant program, an increase of \$5,005,000 over last year's level. This program provides grants to local public and private organizations to address shelter and service needs of homeless youth, ages 16–21. The program's goals are to have youth safe at home or in appropriate alternative settings and to help them develop into independent, contributing members of society.

A homeless youth accepted into the program is eligible to receive shelter and services continuously for up to 540 days. The services include counseling; life skills training, such as money management and housekeeping; interpersonal skill building, such as decision-making and priority setting; educational advancement; job preparation attainment; and mental and physical health care.

The Committee recognizes a significant unmet need among transitional living programs for youth after they leave residential care and applaud the successful work of the House of Mercy. The Com-

mittee believes that continuing this program will allow more young people to receive the support that they need.

Child abuse prevention programs

The Committee has included \$43,180,000 for child abuse and neglect prevention and treatment activities, including \$21,026,000 for State grants and \$22,154,000 for discretionary activities. This is \$8,012,000 above the fiscal year 1999 level and \$8,000,000 above the administration request. These programs seek to improve and increase activities at all levels of government which identify, prevent, and treat child abuse and neglect through State grants, technical assistance, research, demonstration, and service improvement.

The Committee recognizes that the Child Abuse Prevention and Treatment Act (CAPTA) discretionary grants embody federal leadership in supporting innovative program development, research, training, technical assistance, and data collection to address national issues in child protection. The Committee also recognizes the importance of the CAPTA Community-Based Family Resource and Support Grants in supporting state efforts to strengthen families and communities. The Committee believes that some CAPTA funds could be designated to support programs that enhance the mental health of at-risk families.

The Committee is concerned that at-risk families in rural areas with highly dispersed populations may not be receiving the services they need because offices providing these services are not co-located. The Committee recognizes that co-locating offices would lower administrative costs and reduce the number of stops individuals would have to make in order to receive services. The Committee believes that the Department of Health and Human Services could be the lead agency on a demonstration project and could work with other agencies to develop a one-stop shopping center approach. Juneau, Alaska would be an ideal venue for such a demonstration project since it provides services to a significant number of families in a large rural area.

The Committee understands that the Association of Retarded Citizens plans to assess and test independent living arrangements and study their impact on the ability of the mentally retarded to function beyond institutionalized care.

The Committee is aware of studies that have shown an increased incidence of abuse and neglect in families with chronically ill and medically fragile members when no respite is available to family caregivers. The Committee is further aware of indications that there are substantial public savings involved, including avoidance or limitation of hospitalization, when respite care is available to such families. The Committee recognizes that the nationally-recognized Family Friends Project has been working with the Allegheny County, PA Respite Care Coalition to develop a respite care model. Such a demonstration could involve a variety of volunteer and for-profit respite care agencies and would provide a point of access for families requiring respite care, and reduce the cost of care by introducing trained volunteers as caregivers.

The Committee recognizes the innovative work of The Children's House on the campus of Hackensack University Medical Center in

treating victims of child abuse. The program coordinates housing, police, and medical facilities in a single, nonthreatening environment. The Committee understands that if the facility were expanded, it could meet the needs of additional numbers of children.

The Committee is aware of the Hale County School System's efforts to deliver hypertension services, child abuse prevention counseling, and abstinence and healthy lifestyle education to residents of Hale County, AL.

The Committee recognizes the work of Parents Anonymous, the oldest and largest child abuse prevention organization. Through funding from the Child Abuse Prevention Act, Parents Anonymous works in community-based settings to help at-risk parents develop good coping skills. The Committee notes that continued funding of Parents Anonymous will strengthen families and their communities in the fight against child abuse.

The Committee is also aware of the efforts of other parent self-help organizations that are working to prevent child abuse. The Committee recognizes that Child Abuse Prevention Act funds would allow these organizations to help more families in crisis.

The Committee has supported Family Place in Louisville, Kentucky as a family-centered model for treating victims of child abuse. The Committee recognizes that the funding provided by the Department in fiscal year 1999 was not sufficient to fully support Family Place's protocols. Additional funding would allow the demonstration to be conducted in a scientific and statistically valid way so it can be determined if this program should be replicated nationally.

The Committee applauds the success of the Healthy Families Home Visiting Program in Alaska for its success in preventing child abuse. The Committee has learned that Alaska has one of the highest rates of child abuse in the nation. The Healthy Families Home Visiting Program is supported by the State of Alaska, in cooperation with the Bristol Bay Native Association and the Rural Alaska Community Action program. The Committee believes that incidences of child abuse could be lowered dramatically if the Department were to provide additional funds to this program. The Committee believes that funding for the Better Beginnings project in Alaska would help further address the serious child abuse problem in the State.

The Committee is aware of the efforts of the Texas A&M University-Corpus Christi's early childhood development center in assisting low-income children. Recognizing that parents are the child's first teachers, the center will focus on ways to help parents interact positively with their children. The Committee recognizes the value of the center in reducing child abuse by teaching parents good coping skills. Strategies to reduce child abuse include parenting classes, family nights, and home visits.

The Committee is aware that respite services can prevent more costly out-of-home placements by providing planned and emergency relief to primary caregivers of individuals with disabilities. Respite services can prevent child abuse by allowing parents the opportunity to receive periods of relief from the enormous burden of caring for their disabled children. A national resource center like ARCH has helped many families find the respite services they

need. The Committee believes that continued funding of this resource center will allow more families to be served.

The Committee supports the efforts of the National Association of Foster Care Reviewers (NAFCR) in providing independent reviews of child foster care cases. The Committee encourages the Department to provide technical assistance and resources for the dissemination of guidelines for the administration of state-based foster care review, especially in light of the Department's cooperative agreement with NAFCR.

Abandoned infants assistance

The Committee concurs with the budget request in recommending an appropriation of \$12,251,000 for abandoned infants assistance, an increase of \$4,000 over the 1999 level. This program provides financial support to public and private entities to develop, implement, and operate demonstration projects that will prevent the abandonment of infants and young children. Grants provide additional services such as identifying and addressing the needs of abandoned infants, especially those who are drug exposed or HIV positive; providing respite care for families and care givers; and assisting abandoned infants and children to reside with their natural families or in foster care.

Child welfare

The Committee recommends an appropriation of \$291,989,000 for child welfare services, the same as the administration request and \$93,000 above the 1999 level. This program helps State public welfare agencies improve their child welfare services with the goal of keeping families together. State services include: preventive intervention, so that, if possible, children will not have to be removed from their homes; reunification so that children can return home and development of alternative placements like foster care or adoption if children cannot remain at home.

For child welfare training, the Committee recommends \$7,000,000, the same as the administration request. Under section 426, title IV-B discretionary grants are awarded to public and private nonprofit institutions of higher learning to develop and improve education/training programs and resources for child welfare service providers. These grants upgrade the skills and qualifications of child welfare workers.

The Committee supports efforts by colleges and universities to enroll American Indian and/or Alaska Natives in masters degree programs in social work. The Committee recognizes the need to provide field practicum placements of masters degree candidates in Indian reservation and rural Indian community settings.

Adoption opportunities

The Committee recommends \$26,000,000 for adoption opportunities, an increase of \$1,008,000 above the fiscal year 1999 level and \$1,363,000 below the administration request. This program eliminates barriers to adoption and helps find permanent homes for children who would benefit by adoption, particularly children with special needs. Since the Committee recommendation exceeds \$5,000,000, grants for placement of minority children and postlegal

adoption services, as well as grants for improving State efforts to increase placement of foster children legally free for adoption, should be made, as required by law.

The Committee recognizes that, under the Adoption and Safe Families Act, States are required to use all available resources to find homes for children. The Committee is aware that the National Adoption Center operates a multi-state, technology-based adoption clearinghouse to facilitate placement of needy children with adoptive parents.

The Committee understands that the Department plans to implement a national adoption photo listing service on the internet to help increase the number of adoptions. The Committee supports the idea that a national web site could include all youngsters available in public adoptions and will increase the likelihood that children will find loving, stable homes. The National Adoption Center has been at the forefront of developing and implementing technology-based resources to help facilitate adoptions and could be instrumental in creating a national adoption web site.

Adoption incentives

The Committee recommends \$20,000,000 for adoption incentives, the same as the budget request. These funds are used to pay States bonuses for increasing their number of adoptions. The purpose of this program is to double the number of children adopted or permanently placed out of public child welfare systems by the year 2002.

Battered women's shelters

The Committee recommends \$13,500,000 for battered women's shelters. This amount is in addition to the \$88,800,000 provided under the violent crime reduction programs, bringing the total Committee recommendation for battered women's shelters to \$102,300,000, the same as the administration request.

Social services research

The Committee recommends \$36,991,000 for social services and income maintenance research, \$10,991,000 above the administration request. These funds support cutting-edge research and evaluation projects in areas of critical national interest. Research includes determining services that are more cost-effective and alternative ways to increase the economic independence of American families.

Temporary Assistance for Needy Families (TANF) affords States more flexibility in the design of programs aimed at promoting work over welfare. At the same time, TANF assigns greater responsibility for meeting complex information systems and federal reporting requirements. To assist in this effort, last year the Department called on the State information technology consortium to identify information systems issues confronting States and to determine best practices for resolving those issues. The Committee supports this effort and believes that States should work with the consortium to determine which best practices are appropriate for their particular needs. States could then work with the consortium to implement those best practices.

The Committee remains interested in the University of Hawaii Center on the Family's use of Hawaii's ethnically diverse population to investigate family coping and resiliency in the face of economic distress and changes in social policies. The Committee is particularly interested in the role of family dynamics and its implications for containment of social program costs.

The Committee continues to support a 5-year demonstration, authorized last year, to establish individual development accounts (IDAs). IDAs are savings accounts that encourage low-income families and individuals to acquire productive assets. IDAs use private matching funds to promote economic self-sufficiency by encouraging savings for investments in small businesses, homes, and education.

Community-based resource centers

The Committee recommends \$32,835,000 for community-based resource centers. This amount, the same as the administration request, funds a consolidation of the community-based family resource program and the temporary child care and crisis nurseries program. This program is intended to assist States in implementing and enhancing a statewide system of community-based, family-centered, family resource programs, and child abuse and neglect prevention through innovative funding mechanisms and broad collaboration with educational, vocational, rehabilitation, health, mental health, employment and training, child welfare, and other social services within the State. The temporary child care and crisis nurseries serve thousands of families with children who have a disability or serious illness, and families that are under stress, including families affected by HIV/AIDS, homelessness, violence, family crisis, and drugs and alcohol.

Developmental disabilities

The Committee recommends \$125,732,000 for developmental disabilities programs, which is \$6,500,000 higher than the request. The Administration on Developmental Disabilities supports community-based delivery of services which promote the rights of persons of all ages with developmental disabilities. Developmental disability is defined as severe, chronic disability attributed to mental or physical impairments manifested before age 22, which causes substantial limitations in major life activities.

The Committee has recently learned that persons with developmental disabilities have died or received life-threatening injuries because of improper restraints and seclusion. The Committee has provided additional resources to programs serving the developmentally disabled to help prevent the occurrence of any future incidences.

State councils

For State councils, the Committee recommends \$66,803,000. In 1987, the Developmental Disabilities Act changed the focus of State councils from services provision and demonstration to planning and services coordination directed to effecting systems change. Since that time, the States have been shifting away from their original role of services provision to their current mission to effect system change on behalf of persons with developmental disabilities.

Protection and advocacy grants

For protection and advocacy grants, the Committee recommends \$28,718,000. This formula grant program provides funds to States to establish protection and advocacy systems to protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation within the State.

Projects of national significance

The Committee recommends \$11,250,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts providing nationwide impact by developing new technologies and applying and demonstrating innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

The Committee recognizes the significant obstacles facing persons with developmental disabilities. There is a need for additional training for professionals who provide support to these individuals. Sertoma Center in Knoxville has a distinguished record of serving individuals with disabilities through a wide variety of programs and could develop a training regime for providers of services for the developmentally disabled.

The Committee understands that the Developmental Disabilities Resource Center is a non-profit agency providing services to individuals with developmental disabilities who live in Front Range communities. The Center provides services and programs designed to enhance the quality of life for individuals with disabilities and help them learn strategies for self-sufficiency.

The Committee recognizes the importance of the training of qualified direct service personnel to provide support to individuals with developmental disabilities. Currently, the training of direct service personnel is difficult due to the fact that half of the 400,000 personnel are part-time working nontraditional hours with an annual turnover of 50 percent. In order to provide the best quality of care possible to individuals with developmental disabilities, the Committee supports the development of a national multimedia interactive computer-assisted training curriculum for professionals who provide support for individuals with developmental disabilities.

University-affiliated programs

For university-affiliated programs, the Committee recommends \$18,961,000. This program provides operational and administrative support for a national network of university-affiliated programs and satellite centers. Grants are made annually to university-affiliated programs and satellite centers for interdisciplinary training, exemplary services, technical assistance, and information dissemination activities.

State support system

The Committee concurs with the budget request in eliminating line item funding for the state support system.

Native American programs

The Committee concurs with the budget request in recommending \$36,922,000 for Native American programs, \$1,989,000 more than the 1999 level. The Administration for Native Americans [ANA] assists Indian tribes and native American organizations in planning and implementing long-term strategies for social and economic development through the funding of direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee is concerned that Native American children may be placed in homes without foster care maintenance payments to support the cost of food, shelter, clothing, daily supervision, school supplies, or liability insurance for the child. For children adopted through tribal placements, there may be no administrative payments for expenses associated with adoption and training of professional staff or parents involved in the adoption. The Committee believes that the Department could conduct a demonstration in which it would provide funds to two Alaska Native Regional non-profit organizations so that these organizations could develop a State/Native American information system so that Native American children would have the same support as other American children. This demonstration would not affect the continuation of Tribal-State agreements. Cook Inlet Tribal Council, Inc. in Anchorage and Kawerak, Inc. in Nome would be well suited for such a demonstration.

The Committee is aware of a proposal from the Hoonah Indian Corporation and the Alaska Native Brotherhood to establish a spirit camp to provide tradition-based counseling and rehabilitation services for Alaska Native men as an alternative to incarceration in certain selected cases. The Committee encourages ANA to give serious consideration to a proposal for planning funding for this project and notes that the State of Alaska Department of Corrections supports the project and will be working with the Native organizations to make the project self-sustaining once it is established.

The Committee recognizes the efforts of the Inter-Tribal Bison Cooperative in rebuilding bison herds on Indian reservations. The Cooperative's efforts have not only restored a national treasure, but have brought significant economic benefits to participating tribes.

Community services

The Committee recommends an appropriation of \$555,065,000 for the community services programs. This is \$1,676,000 above the fiscal year 1999 level and \$55,065,000 higher than the administration request.

Within the funds provided, the Committee recommends \$500,000,000 for the community services block grant [CSBG]. These funds are used to make formula grants to States and Indian tribes to provide a wide range of services and activities to alleviate causes of poverty in communities and to assist low-income individuals in becoming self-sufficient. The Committee recommendation recognizes the increased demand by the low-income population for services provided by CSBG-funded community action agencies.

The Committee bill again contains a provision requiring that carryover CSBG funds remain with the local grantee. This is the same language that was contained in the fiscal year 1999 appropriations bill.

The Committee also expects fiscal year 2000 CSBG funding to be allocated to the States in a timely manner. In addition, the Committee again expects the Office of Community Services to inform the State CSBG grantees of any policy changes affecting carryover CSBG funds within a reasonable time after the beginning of the Federal fiscal year.

Several discretionary programs are funded from this account. Funding for these programs is recommended at the following levels for fiscal year 2000: rural community facilities, \$3,500,000; national youth sports, \$15,000,000; community food and nutrition, \$6,500,000; and community economic development, \$30,065,000. Community economic development grants are made to private, non-profit community development corporations, which in turn provide technical and financial assistance to business and economic development projects that target job and business opportunities for low income citizens. Of the total provided, the Committee has included \$5,500,000 for the Job Creation Demonstration authorized under the Family Support Act to target community development activities to create jobs for people on public assistance. As in the past, the Committee expects that a priority for grants under this program go to experienced community development corporations. The Committee reiterates its expectation that national youth sports funds be awarded competitively.

The Committee has provided funding for Rural Community Facilities Technical Assistance. Most of the drinking water and waste water systems in the country that are not in compliance with federal standards are in communities of 3,000 or fewer. Rural Community Assistance Programs [RCAPs] use these funds to assist a number of communities in gaining access to adequate community facilities, gaining financing for new or improved water and waste water systems and in complying with federal standards.

The Committee is aware of the excellent work of the Community Loan Fund of Southwestern Pennsylvania, Inc. [CLF] in serving low-income communities through loans to nonprofit organizations and small to medium-sized businesses. CLF targets enterprises that are owned or controlled by women, minorities, the unemployed, or the underemployed. The Committee believes that additional funds from the Department will provide more opportunities to serve these disadvantaged groups in struggling neighborhoods.

The Committee continues to support the Job Creation Demonstration program, authorized by the Family Support Act. Approximately 46 nonprofit organizations have been funded under this program since 1990, providing welfare recipients and low income individuals an estimated 4,000 new jobs and allowing them to start 2,000 new micro-businesses. The Committee recognizes that continued and additional funding of the Job Creation Demonstration program would provide opportunities for more low-income individuals.

Program administration

The Committee recommends \$150,568,000 for program administration, \$6,114,000 above the fiscal year 1999 appropriation and the same as the administration request.

Crime reduction programs

The Committee recommends \$105,000,000 for violent crime reduction programs, the same as the fiscal year 1999 appropriation. The Committee notes that an additional \$51,000,000 for crime bill activities is provided under the Centers for Disease Control and Prevention.

For the runaway youth prevention program, the Committee recommends \$15,000,000, which is the same as the fiscal year 1999 appropriation and the administration request. This is a discretionary grant program open to private nonprofit agencies for the provision of services to runaway, homeless, and street youth. Funds may be used for street-based outreach and education, including treatment, counseling, provision of information, and referrals for these youths, many of whom have been subjected to or are at risk of being subjected to sexual abuse.

For the national domestic violence hotline, the Committee recommends \$1,200,000, which is the same as the administration request. This is a cooperative agreement which funds the operation of a national, toll-free, 24-hours-a-day telephone hotline to provide information and assistance to victims of domestic violence.

The Committee recommends \$88,800,000 for the grants for battered women's shelters program, the same as the fiscal year 1999 program level. This is a formula grant program to support community-based projects which operate shelters for victims of domestic violence. Emphasis is given to projects which provide counseling, advocacy, and self-help services to victims and their children. The Committee is providing an additional \$13,500,000 in Children and Families Services Programs for battered women's shelters.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 1999	\$275,000,000
Budget estimate, 2000	295,000,000
Committee recommendation	295,000,000

The Committee recommends \$295,000,000 for fiscal year 2000, the same as the amount requested by the administration and \$20,000,000 above the fiscal year 1999 level. These funds will support: (1) community-based family support services to assist families before a crisis arises; and (2) innovative child welfare services such as family preservation, family reunification, and other services for families in crisis. These funds include resources to help with the operation of shelters for abused and neglected children, giving them a safe haven, and providing a centralized location for counseling.

PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE

Appropriations, 1999	\$4,921,500,000
Budget estimate, 2000	5,667,300,000
Committee recommendation	5,667,300,000

The Committee recommends \$5,667,300,000 for this account, which is the same as the budget request and \$745,800,000 more than the 1999 comparable level. Also included is the administration's request of \$1,538,000,000 for an advance appropriation for the first quarter of fiscal year 2001 as requested by the administration. The Foster Care Program provides Federal reimbursement to States for: maintenance payments to families and institutions caring for eligible foster children, matched at the Federal medical assistance percentage [FMAP] rate for each State; and administration and training costs to pay for the efficient administration of the Foster Care Program, and for training of foster care workers and parents.

The Adoption Assistance Program provides funds to States for maintenance costs, and the nonrecurring costs of adoption, for children with special needs. The goal of this program is to facilitate the placement of hard-to-place children in permanent adoptive homes, and thus prevent long, inappropriate stays in foster care. As in the Foster Care Program, State administrative and training costs are reimbursed under this program.

ADMINISTRATION ON AGING

Appropriations, 1999	\$882,339,000
Budget estimate, 2000	1,048,055,000
Committee recommendation	928,055,000

The Committee recommends an appropriation of \$928,055,000 for aging programs, \$45,716,000 above the 1999 appropriation and \$120,000,000 below the administration request.

Supportive services and senior centers

The Committee recommends an appropriation of \$310,082,000 for supportive services and senior centers, the same amount as requested by the administration and \$9,890,000 more than the amount appropriated in fiscal year 1999. The increased funding will allow in-house services for frail older individuals to continue at last year's level. This State formula grant program funds a wide range of social services for the elderly, including multipurpose senior centers and ombudsman activities. State agencies on aging award funds to designated area agencies on aging who in turn make awards to local services providers. All individuals age 60 and over are eligible for services, although, by law, priority is given to serving those who are in the greatest economic and social need, with particular attention to low-income minority older individuals. Under the basic law, States have the option to transfer up to 20 percent of funds appropriated between the senior centers program and the nutrition programs which allows the State to determine where the resources are most needed.

Ombudsman/elder abuse

The Committee recommends \$8,449,000 for the ombudsman services program and \$4,732,000 for the prevention of elder abuse program. The amount recommended for the ombudsman services program is \$1,000,000 more than the fiscal year 1999 level. The amount recommended for the elder abuse prevention program is the same as the fiscal year 1999 level. Both programs provide for-

mula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The ombudsman program focuses on the needs of residents of nursing homes and board and care facilities, while elder abuse prevention targets its message to the elderly community at large.

The Committee supports continued and additional funding for the long-term care ombudsman resource center and its training and clearinghouse functions, which provide information, technical assistance, programmatic, and other support for State and regional long-term care ombudsmen.

Preventive health services

The Committee recommends \$16,123,000 for preventive health services, the same amount as the budget request and the amount appropriated in fiscal year 1999. Funds appropriated for this activity are part of the comprehensive and coordinated service systems targeted to those elderly most in need. Preventive health services include nutritional counseling and education, exercise programs, health screening and assessments, and prevention of depression.

Congregate and home-delivered nutrition services

For congregate nutrition services, the Committee recommends an appropriation of \$374,412,000, the same amount as the budget request and \$154,000 more than the amount appropriated in fiscal year 1999. For home-delivered meals, the Committee recommends \$147,000,000, the same as the amount recommended by the administration and \$35,000,000 more than the amount appropriated in fiscal year 1999. These programs address the nutritional need of older individuals. Projects funded must make home-delivered and congregate meals available at least once a day, 5 days a week, and each meal must meet one-third of the minimum daily dietary requirements. While States receive separate allotments of funds for congregate and home-delivered nutrition services and support services, they are permitted to transfer up to 30 percent of funds between these programs.

The Committee has included a provision carried in last year's bill which requires the Assistant Secretary to provide the maximum flexibility to applicants who seek to take into account subsistence, local customs, and other characteristics that are appropriate to the unique cultural, regional, and geographic needs. The provision clarifies that applicants who serve American Indian, native Hawaiian, and Alaska Native recipients in highly rural and geographically isolated areas are permitted to continue to tailor nutrition services that are appropriate to the circumstances associated with the served population.

In-home services for frail older individuals

The Committee agrees with the President's request to include in-home services for frail older individuals in the supportive services and centers program. The Committee has provided additional funds in that program to allow these in-home services to continue.

Aging grants to Indian tribes and native Hawaiian organizations

The Committee recommends \$18,457,000 for grants to Indian tribes, the same amount as the budget request and the amount appropriated in fiscal year 1999. Under this program awards are made to tribal and Alaskan Native organizations and to public or nonprofit private organizations serving native Hawaiians which represent at least 50 percent Indians or Alaskan Natives 60 years of age or older to provide a broad range of services and assure that nutrition services and information and assistance services are available.

State and local innovations/projects of national significance

The Committee recommends \$26,000,000 for aging research, training, and discretionary programs, \$8,000,000 more than the fiscal year 1999 enacted level and the budget request. These funds support activities designed to expand public understanding of aging and the aging process, test innovative ideas and programs to serve older individuals, and provide technical assistance to agencies who administer the Older Americans Act. The Committee has included funding for a national program of statewide senior legal services hotlines and related elder rights projects.

Three years ago, the Committee provided funds to launch a "Senior Waste Patrol" pilot project to test the best ways of using the skills of retired nurses, doctors, accountants and other professionals to train seniors and to serve as expert resources to detect and stop Medicare fraud, waste and abuse. These pilots have proven quite successful in activating seniors in the effort to protect Medicare from unnecessary losses. The project has now been expanded to 36 states. The Committee has provided \$10,000,000 to expand this project nationwide and to expand efforts in states currently receiving grants. The Committee expects that these funds will be used to make grants and that administrative costs will be minimized.

The Committee recognizes the efforts of the National Asian Pacific Center on Aging to develop, strengthen, and expand linkages of a rapidly growing Asian Pacific aging community with local, State, and national community service providers and organizations.

The Committee recommendation includes sufficient funds for the pension information and counseling demonstration program, authorized under title IV of the Older Americans Act, to continue the existing demonstration projects, technical assistance and training projects. Pension counseling projects provide information, advice, and assistance to workers and retirees about pension plans, benefits, and pursuing claims when pension problems arise.

The Committee recognizes the efforts of the City of Norwalk's Adult Day Care Services to individuals afflicted with Alzheimer's Disease and other dementia. The Adult Day Care Program allows families to rest 8 hours per week from the strains of care-giving.

The Committee commends the Family Friends Project for its work in training senior volunteers to provide respite to families whose members have chronic illnesses, disabilities, and related problems. The Committee is aware that the program provides obvious benefits to families receiving the assistance, as well as savings

of public dollars by allowing families to continue to provide in-home care.

The Committee is aware of the Anchorage Senior Center's success in providing services to elderly Alaskans. The Center provides fitness facilities, educational opportunities, and leisure activities to seniors that would not otherwise have access to these services. With additional funds, the Center would be able to make the lives of more seniors active and productive.

The Committee is aware that counties in southern Illinois have twice the national percentage of individuals aged 65 and over who suffer from chronic diseases. The Committee recognizes that the Aging and Outreach Institute at Southern Illinois University in Carbondale could address these problems with post-graduate training for healthcare workers; support, training, and information to family members; and guidance for facilities that care for the elderly.

The Committee understands that the newly-established Texas Tech University Center for Aging is a state-of-the-art teaching nursing home and geriatric outpatient clinic that is providing comprehensive care to patients, training, and education to care providers, and research on health and aging issues. With additional funds, the Center will be able to provide services for more patients and training for more students specializing in geriatric care.

The Committee continues to support the efforts of the Northwest Area Center for Studies on Aging, which is currently using existing telemedicine and video conferencing technology to improve the health status of aging Americans residing in underserved rural areas and is educating physicians and health care professionals in those areas.

The Committee is aware that Montana State University-Billings proposes to develop a telemedicine program in collaboration with the area's medical facilities. The focus of the project would be on serving nursing homes and assistive care facilities.

The Committee understands that West Virginia University's Rural Aging Project is working to plan and implement the Year 2000 International Conference on Rural Aging. The Committee is supportive of efforts to understand and address the many issues facing individuals as they age.

The Committee applauds the work of the Senior Outreach Center at the Sinai Family Health Centers in Chicago. The program, which features physician-led health screening visits to seniors in low-income housing facilities, could provide services to additional seniors if adequate funding were provided.

The Committee is aware of the efforts of the National Resource Centers on Native American Aging, located at the University of North Dakota and the University of Colorado, in providing aging-related research, training, and technical assistance to American Indians, Alaskan Natives, and Native Hawaiians.

The rapidly escalating cost of nursing home services is one of the greatest challenges facing rural communities in the Northeast. The Committee is aware of a proposal by Elderly Services, Inc. in Middlebury, Vermont, that would serve as a national model for the provision of cost-effective, adult daycare and healthcare services for Alzheimer's patients in rural settings.

The Committee continues to have a strong interest in efforts to promote seniors' access to health information and senior services through the World Wide Web. In this regard, the Committee recognizes the continued efforts of the Setting Priorities for Retirement Years Foundation [SPRY], and looks forward to the results of such outreach efforts.

The Committee supports the efforts of the agency in implementing the Government Performance and Results Act and believes that the agency should continue work in this area.

The Committee supports the continuation of the elder care locator program, a toll-free telephone service for older Americans and their caregivers. The Committee notes that the National Association of Area Agencies on Aging is currently providing this service.

Alzheimer's Disease Demonstration Grants to States

As a result of the aging of the Baby Boom generation, the number of individuals affected by Alzheimer's Disease will double in the next twenty years. These demonstration grants generate models for addressing the social supports needed by individuals with Alzheimer's Disease and their families. The Committee recommends a funding level of \$5,970,000, the same as the fiscal year 1999 level and the Administration's request.

National Family Caregiver Support

The Committee does not recommend funding for the National Family Caregiver Support Program because this program requires new authorizing legislation.

Health Disparities Interventions

The Committee has included an increase of \$25,003,000 over the fiscal year 1999 level for a health disparities demonstration within the Centers for Disease Control and Prevention [CDC]. These funds will support prevention activities to eliminate health disparities among racial and ethnic minorities. The Committee expects that CDC will use a portion of these funds to partner with the Administration on Aging to provide culturally appropriate prevention activities aimed at minority elders.

Program administration

The Committee recommends \$16,830,000 to support Federal staff that administer the programs in the Administration on Aging, the same amount as the budget request and \$1,435,000 above the 1999 level. These funds provide administrative and management support for programs administered by the Department.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 1999	\$261,761,000
Budget estimate, 2000	217,412,000
Committee recommendation	199,720,000

The Committee recommends \$199,720,000 for general departmental management [GDM]. This is \$17,692,000 below the administration request and \$62,041,000 below the fiscal year 1999 level,

which included new funding from an emergency fund. Within this amount, the Committee includes the transfer of \$6,517,000 from Medicare trust funds, which is the same as the administration request and the fiscal year 1999 level.

This appropriation supports those activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports certain health activities performed by the Office of Public Health and Science, including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, inter-governmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

The Office of the Surgeon General, in addition to its other responsibilities, provides leadership and management oversight for the PHS Commissioned Corps, including the involvement of the Corps in departmental emergency preparedness and response activities.

The Committee is aware of the unique capabilities of the Commissioned Corps of the U.S. Public Health Service and its inactive reserve. It has been brought to the Committee's attention that the ability of the Corps and the reserve to respond to biosecurity incidents may be impeded by the Surgeon General's lack of direct authority over all PHS officers, which is a result from a diversity of officer assignments both within and outside the department. The Committee urges the Secretary to review this situation and act to ensure that, in the event of a biosecurity incident or other national emergency, the Surgeon General has the necessary authority to direct the response of all Commissioned Corps officers, regardless of the agency to which the officer is assigned.

U.S.-Mexico Border Health Commission.—The Committee has provided \$1,500,000 to support the activities of the United States-Mexico Border Health Commission as authorized by Public Law 103-400. The Commission is authorized to assess and resolve current and potential health problems that affect the general population of the United States-Mexico border area. The Committee urges the department and the commission to carefully consider locating its permanent offices of the secretariat in El Paso, Texas, in partnership with the consortium of universities and other entities supporting the creation of a border health institute in El Paso. The Committee further encourages the department and the commission to consider funding and otherwise promoting the Baylor College of Dentistry's health outreach initiative to study, diagnose, and treat craniofacial deformities along the border.

The Committee has included \$700,000 for the Human Services Transportation Technical Assistance Program, which is the same as last year's amount. As in previous years, this program is to be administered by a national membership organization with expertise in working with local transit organizations. The program provides technical assistance and training to organizations that provide transportation services to the elderly, people with physical and developmental disabilities, and the economically disadvantaged. With these funds, the Committee expects a continued emphasis on

assisting communities with transportation issues related to welfare reform since in many rural communities the largest obstacle in gaining employment is transportation to work sites. The Committee further expects the technical assistance to be provided include developing strategies for cost-effective transportation under Medicaid. The Committee also notes that the technical assistance provided by the Community Transportation Association of America is vital to the success of this project. To improve coordination, the Committee will expect that the funds made available under this program be allocated to a national membership organization with a demonstrated record of achievement in this area.

The Committee also expects this program to initiate a new activity. States are increasingly looking for new and innovative approaches to provide nonemergency transportation through the Medicaid Program. As more medical services are being provided through managed care, States are also looking at means to contain transportation costs. The Committee expects the Department to work with the Community Transportation Association of America to develop a program of assistance for local communities find efficient ways to provide medical transportation services. The Committee also notes that the technical assistance provided by the Community Transportation Association of America is vital to the success of this project.

The Committee reiterates its support of the Chronic Fatigue Syndrome Coordinating Committee [DHHS CFSCC]. The Committee urges the DHHS CFSCC to coordinate CFIDS research across the Public Health Service by defining priorities and creating a yearly action plan and recommends that the chartered committee conduct oversight into DHHS and SSA programs, evaluate program performance, review budget allocations, and identify priorities in CFS research and education. The Committee supports the renewal of the CFSCC's charter beyond its scheduled expiration in 1998.

The Committee urges the development of a national media campaign targeting, but not limited to, adolescent girls and women, to educate them about healthy eating behaviors, positive body image, and self-esteem. The Secretary should consult widely among those agencies of the Public Health Service that could contribute content to the effort. The program should also educate the public about the risks of restrictive dieting and the prevention of eating disorders. Such programs may include development of a toll-free number and information clearinghouse on eating disorders.

The Committee is aware of the high number of accidental needlestick injuries that occur primarily to health care workers. These injuries are major risk factors for the transmission of HIV, hepatitis B, and hepatitis C. The Committee urges the Centers for Disease Control and Prevention, the National Institute for Occupational Safety and Health, the Food and Drug Administration, and the Occupational Safety and Health Administration of the Department of Labor to make reduction of accidental needle sticks a priority by increasing cooperation among these agencies and taking all necessary actions to address this serious public health problem.

The Committee encourages the National Heart, Lung, and Blood Institute to continue its efforts to persuade the National Committee for Quality Assurance to accredit health plans based on their abil-

ity to reach treatment goals established by the National Cholesterol Education Program in treating patients with hypercholesterolemia. Further, the Committee expects the Health Care Financing Administration to encourage health care plans that treat cholesterol patients enrolled in the Medicaid and Medicare programs to pursue vigorous management of the disease resulting in the attainment of the treatment goals established by the National Cholesterol Education Program.

The Committee is supportive of efforts to coordinate a strategy to reduce the incidence of fetal alcohol syndrome [FAS] and fetal alcohol effects [FAE]. The Department is encouraged to identify resources among the agencies to initiate a national task force on FAS and FAE.

The Committee remains concerned about the disproportionate environmental and human health burdens in low-income and minority communities, and about the insufficient resources being targeted to community health centers to conduct research and to develop effective intervention and prevention strategies. The Committee urges the Department to identify potential interagency resources and cooperation with community health centers. The Committee expects to be informed within 6 months on what steps have been taken to address this recommendation.

Commission on Background Screening for Long-Term Care Facilities.—The Committee is aware of increasing numbers of reports of people with abusive and criminal backgrounds finding work in direct patient care in Medicare and Medicaid long-term care facilities. Reports indicate that known abusers can travel between States and between facilities and continue to attack vulnerable patients. The Committee believes that a national system should be considered to screen potential employees at long-term care facilities to ensure that they do not have an abusive or criminal background and to ensure they do not work with patients.

Microbicide Research.—The Committee is aware of the need for HIV and STD prevention technologies and of the scientific opportunity in the field of microbicides. Microbicide research and development holds high promise for new products and urges the Department to continue supporting microbicide research. The Committee encourages the Secretary and the Director of the NIH to develop an integrated, coordinated strategy directed toward microbicide research and development in which clear lines of responsibility are identified. All available resources should be identified to promote development in this area.

The Committee is aware of the work of the Department's Advisory Committee on Blood Safety and Availability. Persons with primary immune deficiency disorders represent a significant population dependent upon blood products to maintain their health. As opportunities permit, the Committee continues to encourage the Department to appoint a representative who has expertise in primary immune deficiency diseases to the advisory committee.

The Committee recommends the development of an innovative service delivery model and day health center facility to care for the elderly. The Committee recognizes the multi-disciplinary management program operated by the Albert Einstein Healthcare Network in Philadelphia, PA.

The Secretary is urged to develop a report to Congress on selected states' Children's Health Insurance Program. The report should include the following items furnished by the states (1) an estimate of the number of children enrolled; (2) an analysis of the obstacles to enrollment of eligible children, including obstacles related to a child's immigration status; and (3) recommendations for increasing enrollment of children in the programs, including recommendations for Congress, for HHS and for the states concerning coordination with other programs serving children.

The Committee notes the constructive role played by the Office of the Secretary and its Office of Public Health and Science in the development and support of the Smoke-Free Kids & Soccer program. The program warrants continued support by the Department as it holds great promise in offering adolescent girls and their families ways to resist the pressure to smoke through sports participation. The Committee believes there may be additional ways to work collaboratively with the community to support other important public health objectives, such as nutrition and physical activity, while maintaining a commitment to reducing underage tobacco use. The Committee recommends that the Department convene an interagency panel including representation from CDC, NIH and private and nonprofit sectors to determine the most effective means for developing and evaluating such an activity.

The Committee is aware of the efforts by the University of Vermont Cancer Center to enhance teaching, research, and clinical outreach through the acquisition of state-of-the-art instrumentation, and encourages the Department to consider means to assist the center.

Promoting reading and literacy.—The Committee has received information supporting reading aloud to young children as a means of enhancing their language abilities and cognitive development. The Committee is aware that a program at Boston Medical Center called "Reach Out and Read" treats early literacy development as a medical issue similar to immunizations for young children, and seeks to integrate reading with physical examinations that children receive between six months and five years of age. This program has been replicated through pediatric health care providers at many sites with the goal of improving early literacy development for children of low-income parents. The Committee urges the Department to support early literacy programs that train pediatric health care providers, clinic staff, administrators and volunteers to engage low-income parents and their children in daily reading activities as part of each well-child examination. Health care providers can help parents select, order, and provide age-appropriate reading materials at each well-child examination, and encourage parents to read to their children as a means of strengthening the bond between parent and child.

The Committee is aware of the proposal for an integrative medicine program which combines conventional medical science with promising alternative therapies. The Committee is further aware of the programs now being conducted at the Center for Integrative Medicine at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania.

The Committee is aware of a proposal by the American Red Cross to develop a technology demonstration program using new generation blood-testing equipment.

It has been brought to the Committee's attention that new technologies can foster the creation of "customized on line real time" markets, which can help purchasers of goods and services realize substantial savings. Private companies who have utilized such technology have already seen large cost reductions in their procurement decisions. It is essential that the federal government determine whether customized on line real time markets can help realize procurement savings. The Committee encourages the Department to conduct demonstration procurements in the coming fiscal year utilizing this technology as a means of determining its feasibility as a federal procurement option.

The Committee understands that the most critical years in brain development are from birth to age 3. The foundation for a child's future is formed during this crucial time. The Committee believes that each parent should have access to materials to help them promote their child's intellectual, social, and emotional development. The "I am your child" materials are an important tool, since they include parent training materials, as well as referral information on existing state and federal programs. These materials could be provided through a network of OB/GYNs, pediatricians, nurses, and other health care providers, in consultation with the American Academy of Pediatrics.

Children's health.—The Committee is aware of efforts by the Public Health Policy Advisory Board to examine the leading causes and contributing risk factors of mortality and morbidity among children. The Committee urges the Surgeon General, in conjunction with other agencies and non-profit entities, to establish a process to select health priorities based on clear scientific data with direct relevance to emerging threats to children's health. Such a process could identify projects that examine underage drinking, unintentional injuries, homicides, suicides, morbidity, characteristics of family and community structure, violence, etc. The Committee urges the Surgeon General to build upon these initiatives in order to allow for broader dissemination of information critical to the health of our nation's children.

Obesity.—The Committee is aware of the increasing economic costs to the nation resulting from obesity, which leads to health complications and loss of productivity. It has been estimated that more than half of all Americans adults are deemed overweight or obese. Obesity rates have doubled in children over the last decade and approximately one-half of obese school-age children go on to become obese adults. The Committee urges the Secretary to convene a summit on obesity policy to develop a national strategic plan to prevent obesity. The summit should assemble policy makers and leading researchers in obesity, nutrition, physical activity, and community-based health promotion. The Secretary should consult with and involve other relevant government agencies. The Committee also encourages the Surgeon General to consider developing a report on obesity prevention.

It has been brought to the Committee's attention that the Surgeon General is substantially overdue in filing a report specified by

the Preventive Health Amendments of 1993 (Public Law 103-183), namely the Surgeon General's Report on Nutrition and Health which was to focus on dietary fat was due in February 1995. The Committee urges the Surgeon General to complete and publish that report as soon as possible.

National Health Museum.—The Committee is aware of efforts to secure incentive funds to cover a share of the costs of program and site development for the National Health Museum in Washington, D.C. Such funds could be made available until expended and be contingent upon their being matched by non-Federal, private sector contributions. The Department is urged to consider this proposal.

Adolescent family life

The Committee has provided \$19,700,000 for the Adolescent Family Life Program [AFL]. This is \$10,500,000 more than the administration request and is \$2,000,000 above the fiscal year 1999 appropriation.

AFL is the only Federal program focused directly on the issue of adolescent sexuality, pregnancy, and parenting. Through demonstration grants and contracts, AFL focuses on a comprehensive range of health, educational, and social services needed to improve the health of adolescents, including the complex issues of early adolescent sexuality, pregnancy, and parenting.

Within the total provided, the Committee continues the prevention projects begun in fiscal year 1998, as well as new prevention projects. The Committee again expects the Department to fund new prevention projects which enable smaller communities to begin the organization and implementation of coalitions to implement abstinence-based education programs. The Committee again expects the Department, when announcing grant competitions, to provide a reasonable length of time for applicants to complete application packages, provide extensive technical assistance to applicants, with special assistance given to new applicants, and revise the terminology and instructions in grant applications to assure that the information being requested is as clear as possible.

Physical fitness and sports

The Committee recommends \$1,097,000 for the Federal staff which supports the President's Council on Physical Fitness and Sports. This is the same as the administration request and \$92,000 more than the fiscal year 1999 appropriation.

The President's Council on Physical Fitness and Sports serves as a catalyst for promoting increased physical activity/fitness and sports participation for Americans of all ages and abilities, in accordance with Executive Order 12345, as amended. The programs sponsored by PCPFS are supported largely through private sector partnerships.

Minority health

The Committee recommends \$28,000,000 for the Office of Minority Health. This is \$8,000,000 less than the fiscal year 1999 appropriation and the same as the administration request.

The Office of Minority Health [OMH] focuses on strategies designed to decrease the disparities and to improve the health status

of racial and ethnic minority populations in the United States. OMH establishes goals, and coordinates all departmental activity related to improving health outcomes for disadvantaged and minority individuals. OMH supports several demonstration projects, including the Minority Community Health Coalition, the Bilingual/Bicultural Service, the Center for Linguistic and Cultural Competency in Health Care, and the Family and Community Violence Prevention Program.

The Committee recognizes the need to encourage minority development of family practice physicians and encourages the Office to assist programs designed for the purpose of direct and indirect support of family practice residency programs which focus on training, recruitment, and retention of minorities, including American Indian and Alaska Natives, as family practice physicians.

The Committee is supportive of the work of the Philadelphia Citywide project, initiated with OMH funding in fiscal year 1999, and expects that it be continued at current levels.

The Committee is pleased with the effort by the Children's Hospital of Philadelphia to confront the causes of asthma in underserved populations. The hospital now proposes a demonstration to expand the effort to involve direct intervention of environmental factors in the home among a number of households in west Philadelphia. Sufficient funds are available to initiate this project.

The Committee is aware of the proposal by Southcoast Health System to serve minority and under-served populations in the New Bedford/Fall River area of Massachusetts.

The Committee recognizes that there are few comprehensive care programs that support children with brain tumors and their families over the long term and none that serve a large economically disadvantaged population. The Committee is aware of the efforts by the NYU School of Medicine and the Stephen Hassenfeld Children's Center to establish a demonstration program which will serve as a model for providing comprehensive care to disadvantaged and minority children with brain tumors.

The Committee is aware of the effort by New York University's children's center for cancer and blood disorders to develop a pediatric oncology program.

The Committee encourages the expansion of the multi-disciplinary team approach which has been proven effective in the management of sickle cell disease so that a broader patient base can be served, including children and adolescents. The Committee is aware that such a program is currently being conducted in Philadelphia by Thomas Jefferson University Hospital and the Albert Einstein Medical Center.

The Committee continues to support implementation of campus and community violence prevention programs administered through the Office of Minority Health. The innovative campus and community prevention programs developed by the member colleges and universities of the Minority Males Consortium have demonstrated their impact and should be strengthened and expanded.

The Committee is aware of the efforts by the CORE Center at Cook County Hospital in Chicago, Illinois to develop a model HIV/AIDS education and training center that incorporates modern technology.

Office on Women's Health

The Committee recommends \$15,495,000 for the Office on Women's Health. This is \$2,027,000 less than the administration request and the same as the fiscal year 1999 appropriation.

The PHS Office on Women's Health [OWH] develops, stimulates, and coordinates women's health research, health care services, and public and health professional education and training across HHS agencies. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction, and initiating and synthesizing program activities to redress the disparities in women's health.

Moreover, in view of the disparities in women's health research, services, and education and training, the Committee believes that one mechanism through which these inequities can be resolved is through providing support through various mechanisms to academic, consumer, health care professional, and community groups in this important area. To that end, the Committee urges that the PHS OWH develop and support programs to support crosscutting research, services, innovative partnerships, and demonstrations that will advance women's health.

Within the amount provided, the Committee has included sufficient funds to support continued implementation of the National Women's Health Information Center. This Center in partnership with the Department of Defense, provides a single access point to Federal information on women's health through a toll-free telephone number and the Internet, and links to over 1,000 private sector resources as well. Consumers, researchers, health professionals, women's health advocates and the media will have access to the wide variety of information and resources on women's health that has been created by the various agencies of the Department of Health and Human Services, in partnership with the Department of Defense and all other agencies in the Federal Government.

The National Centers of Excellence in Women's Health Program, established in fiscal year 1996 by the PHS OWH, through contracts to academic health centers around the Nation, is developing model health care services, multidisciplinary research, public and health care professional education on women's health, and fostering leadership opportunities for women's health care professionals. The Committee has provided funds to continue funding the existing centers established in 1996 and to support additional new centers.

The Committee has also included funds for women's health coordinators. Regional coordinators have been established in the 10 Public Health Service regions around the Nation and link together all of the resources available from the Department of Health and Human Services. The Committee has included funds to coordinate and stimulate women's health activities to work with women's groups and health care professionals at the regional, State, and local levels and to develop regional women's health activities in each of the 50 States.

Osteoporosis.—Osteoporosis is today a major health problem that the World Health Organization has characterized as an epidemic with an estimated 28 million individuals who either have or are at risk for the disease. A task force convened by the Office of Public Health and Science on Women's Health, in conjunction with the

National Osteoporosis Foundation has determined that a public education campaign is needed. In its first stage, the campaign targets girls and teenage women from the ages of 9 to 18, to help them develop positive health behaviors such as diet, exercise, adequate calcium intake, that would have a significant effect upon sustained bone strength. Within the amount recommended, the Committee has included \$3,000,000 in funds to continue this campaign.

Office of Emergency Preparedness

The Committee has provided \$9,668,000, which is \$15,332,000 less than last year's level and the same as the President's amended request, for activities to counter the adverse health and medical consequences from major terrorist events. Within this amount, sufficient funds are provided for the Office of Emergency Preparedness to staff and administer this program, as well as the other OEP activities specified in the administration's request. The amount provided by the Committee is intended to continue the formation of new metropolitan medical strike teams in key uncovered urban areas of the country. The Committee has provided additional funding for bioterrorism within the public health and social services emergency fund.

The Department has lead responsibility for health, medical, and health-related support under the Federal response plan to catastrophic disasters. On behalf of the Department, the Office of Emergency Preparedness assesses the potential health and medical consequences of a terrorist incident and to formulate necessary responses. The funds provided would support activities to build local, State, and Federal capacity to respond to terrorist acts with public health implications. Such activities would include assisting local emergency managers through the MMST system to build an enhanced capability to detect and identify biologic and chemical agents.

Biosecurity.—The Committee continues to be supportive of efforts to strengthen the Nation's capabilities to confront threats to biosecurity including activities identified for anti-bioterrorism. In the previous fiscal year, the Committee established a special funding mechanism in the Public Health and Social Services Fund to enable key agencies of the Public Health Service to develop these capabilities and to establish a vaccine stockpile. There continues to be, however, a need to articulate a clear and coherent biosecurity strategy to the public and to Congress that is rooted in both national security needs and scientific opportunities. To this end, the Committee directs the department to develop and submit to the House and Senate Committees on Appropriations a long-term strategic plan, including five years of funding requirements for the national pharmaceutical stockpile that is based upon the results of a documented, national-level threat and risk assessment. The five-year strategic plan should begin with fiscal year 2000 and then be updated annually thereafter.

The threat and risk assessment for the strategic plan should be conducted by a multi-disciplinary team of experts on intelligence, terrorism, chemical and biological agents, ordnance, law enforcement, public health and medical treatment, and other related areas of expertise. The team of experts should develop threat scenarios

in consultation with the intelligence community and be based upon: written intelligence assessments of the most likely chemical and biological terrorist threats; relevant scientific information about identified threat agents; and the ease, difficulty, and propensity of potential state and non-state entities to successfully acquire, process, and deliver chemical and biological agents in order to cause mass casualties.

Integral to the strategic plan, the department is expected to report the specific medical preparedness countermeasures that address the most likely chemical and biological terrorist threats according to established intelligence assessments and discuss how the countermeasures effectively mitigate the associated risks or enhance preparedness. Furthermore, the department should estimate the costs and estimated time needed to acquire and establish proposed countermeasures, including the acquisition of items currently available in the economy and items that require extensive research, development, and production. The plan should clearly identify the long-term costs and benefits of establishing and sustaining the production and inventory infrastructure for the national pharmaceutical stockpile and the management of its inventory, including stock replacement and rotation.

Health care access for the uninsured

The administration has proposed \$25,000,000 to establish a grant program for public and private entities to conduct system development and other activities aimed at improving the health of uninsured individuals and populations. The Committee has deferred on acting on this request, pending the enactment of authorizing legislation.

OFFICE OF INSPECTOR GENERAL

Appropriations, 1999	\$29,000,000
Budget estimate, 2000	31,500,000
Committee recommendation	35,000,000

The Committee recommends an appropriation of \$35,000,000 for the Office of Inspector General. This is \$3,500,000 higher than the administration request and \$609,000 higher than the fiscal year 1999 level. In addition to discretionary funds, the Health Insurance Portability and Accountability Act of 1996 provides no less than \$110,000,000 and no more than \$120,000,000 in mandatory funds for the Office of the Inspector General in fiscal year 2000; the total funds provided to the Office by this bill and the authorizing bill would be between \$155,000,000 and \$145,000,000 in fiscal year 2000.

The Office of Inspector General conducts audits, investigations, inspections, and evaluations of the operating divisions within the Department of Health and Human Services. The OIG functions with the goal of reducing the incidence of waste, abuse, and fraud. It also pursues examples of mismanagement toward the goal of promoting economy and efficiency throughout the Department.

The Committee is concerned about the lack of OIG coverage in the Pittsburgh, Pennsylvania, region. The Committee understands that the office once had a presence in the city but with the growing number of cases originating in the region, the Committee has in-

cluded an increase over the administration request to be made available for the re-establishment of an OIG presence, particularly professional staff, in the area.

The Committee is aware that a number of private insurance companies, many of which act as Medicare administrators, utilize recovery specialists to recover overpayments they encounter in their private insurance business. The Office of the Inspector General has made a significant contribution by performing studies, particularly with respect to private sector practices which may have application in the public sector. The Committee urges the Office of the Inspector General, in cooperation with HCFA, to study the use of private recovery specialists with respect to Medicare overpayments and to inform the Committee on its findings.

The Committee commends the Office of Inspector General for their continued work to reduce waste, fraud and abuse in Department programs. The third OIG CFO Medicare audit again revealed significant improvements in the Department's efforts to prevent mispayments. The Committee urges the OIG to do further analysis of the results of this audit so that it can provide the Committee with a specific set of recommendations for reform. The Committee expects to hold hearings on the fourth annual CFO report. Finally, the Committee seeks to assure that seniors calling into the toll-free telephone line to report Medicare fraud get a prompt and complete response. Therefore, the Committee urges the OIG to expand its staffing of their hotline.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1999	\$20,652,000
Budget estimate, 2000	22,159,000
Committee recommendation	22,159,000

The Committee recommends \$22,159,000 for the Office for Civil Rights. This is the same as the administration request and \$1,507,000 more than the the fiscal year 1999 level.

This recommendation includes the transfer of \$3,314,000 from the Medicare trust funds, which is the same as the administration request and the fiscal year 1999 level.

The Office for Civil Rights is responsible for enforcing civil rights-related statutes in health care and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

POLICY RESEARCH

Appropriations, 1999	\$13,996,000
Budget estimate, 2000	14,000,000
Committee recommendation	15,000,000

The Committee recommends an appropriation of \$15,000,000 for policy research. This is \$1,000,000 higher than the administration request and \$1,004,000 more than the fiscal year 1999 amount.

Funds appropriated under this title provide resources for research programs that examine broad issues which cut across agency and subject lines, as well as new policy approaches outside the

context of existing programs. This research can be categorized into three major areas: health policy, human services policy, and disability, aging and long-term care policy.

The Committee is aware of the efforts by the East St. Louis Center to analyze problems faced by health service providers in administering multiple sources of funding and urge the department to give full and fair consideration to its proposal.

The Committee recognizes the need for obtaining State level data regarding the impacts of welfare reform and is aware of the benefits of continuing the longitudinal study on the outcomes of welfare reform. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 directed the Census Bureau to conduct the survey of program dynamics [SPD] on the national level; however, there is no mechanism in place to provide State-based or multi-state information, particularly in less densely populated states and in states that administer welfare programs at the county level. Iowa State University has been working with the Census Bureau and the Department to develop an approach for state and county level surveys that are relevant for local welfare program design, implementation, and evaluation and can be integrated into the SPD. The Committee believes that it would be useful if the Department considered supporting a multi-state project to achieve the goal of creating an information base to support state-based policy development.

PUBLIC HEALTH AND SOCIAL SERVICES FUND

The Committee recommendation includes an allocation of \$475,000,000 within the public health and social services fund. This is \$88,978,000 higher than the administration request and \$251,578,000 above the fiscal year 1999 level.

NIH challenge grants and partnerships.—To promote joint ventures between the National Institutes of Health and the biotechnology, pharmaceutical, and medical device industries, the Committee allocates \$20,000,000. This is a new initiative. At a field site visit with executives of key biotechnology and pharmaceutical companies, the Committee received comments concerning the need for additional resources to develop promising technology and products while praising NIH for the depth and breadth of its scientific and medical expertise. The Committee also heard favorable comments regarding the establishment of a matching fund to catalyze cooperation and to accelerate research and development. Accordingly, the Committee has decided to establish this fund at NIH to be made available on a one-for-one matching basis to qualified organizations that are conducting R&D activities in biomedical research or biotechnology with commercializable potential or conducting research in promising therapies, for example. Should all available funds be matched, \$40,000,000 will be committed to catalyzing new technologies and therapies. The challenge grants should be structured to facilitate rapid implementation and should support projects that have a realizable goal of importance to public health that otherwise could not have been attained without matching funds. NIH is requested to provide an operational plan for the challenge grant program to the Committee within 90 days of enactment of the bill. The Committee notes that the National Endowment of

the Humanities has a similar challenge grant program and its program may be a guiding model for NIH.

The Committee is concerned about the global proliferation of antibiotic-resistant strains of viruses and bacteria. The power of microbes to evolve into more virulent and drug resistant forms often outstrip the ability of the pharmaceutical and biotechnology industries to develop effective treatments. For example, in 10 years, the proportion of hospital-acquired enterococci bacteria reported as resistant to vancomycin has risen from zero to over 20 percent, endangering the lives of tens of thousands of patients. The time, effort, and funding necessary to create a new antibiotic is substantial, and by the time a new drug comes to market, additional strains often have arisen to make the drug ineffective or to shorten the product's time of usefulness. It should be a major public health priority to assure a growing supply of safe and effective antibiotics and vaccines to keep up and outpace the rate of antimicrobial resistance.

In establishing the NIH challenge grant fund, the Committee encourages the agency to work with the pharmaceutical and biotechnology sectors in accelerating the development of new antimicrobials, antivirals, and vaccines. Matching funds could be available to speed, for example: basic and translational research, global bio-prospecting for potentially pharmaceutically active compounds in plants, clinical trials, and other activities aimed at increasing the number of new treatments and shortening the time needed to bring a promising drug to market. Because new strains may arise from anywhere in the world, NIH should develop partnerships with both domestic and global firms, university consortia or other qualified entities. Priorities for this effort should be established and coordinated by the NIH Director, the Associate Director for International Research, and the Directors of the National Institute for Allergy and Infectious Diseases, Office for AIDS Research, Fogarty International Center and other relevant institutes and centers.

The Committee is aware of the efforts of the University of Mississippi to work with HHS to identify candidate phytomedicines for clinical evaluation. Such a collaboration could encompass the use of biological, chemical, and botanical studies to assist in the development of the clinical evaluation of phytomedicines. Rural, urban, and Native American populations could be integrated into the clinical trials to reflect the natural diversity of the national population.

Rebuilding public health infrastructure.—An essential element of the nation's public health infrastructure is the physical capacity to carry out laboratory and other research, house professionals in a safe and productive environment, and conduct other essential public health functions such as national disease and illness surveillance. Modern facilities also enable the recruitment and retention of key scientific personnel. The Committee has reviewed the status of certain buildings and facilities of the Centers for Disease Control and Prevention and is very concerned over the state of dilapidation of several sites. Certain assets such as frozen blood samples are housed in aging facilities with unstable roofing and piping, leaving them vulnerable to collapse or electrical malfunction. The Committee is encouraged to learn that the leadership of CDC is com-

mitted to restoring these facilities and establishing new modern facilities. The Committee has allocated \$20,000,000 within this account that would be in addition to the amount already provided in the regular appropriations account for CDC's buildings and facilities. The Committee expects the agency to give accelerated priority to those critical functions with the highest need for modern facilities.

Global health initiative.—The Committee has allocated \$75,000,000 for activities that address critical global health issues. With accelerating disease burden in several regions of the world, it is imperative that the United States play an integral role in developing an international public health system. With the asset base of the U.S. Public Health Service and its agencies, the private sector and non-profit organizations, the United States is well positioned to establish a long-lasting framework toward global health stability in cooperation with international and national health authorities. Strengthening the capacity of other nations to confront both infectious and chronic diseases will enhance regional stability in key regions and protect the American public. While resources are limited and the areas of opportunity are many, the Committee has chosen to establish this initiative to catalyze bilateral and multilateral medical and scientific collaborations. The components of the initiative are as follows:

—*Global AIDS.*—The Committee has allocated \$50,000,000 to combat the spread of HIV/AIDS in key regions of the world where the prevalence and incidence rates are extremely high, such as sub-saharan Africa, or in countries with weak public health systems. This amount is \$15,000,000 higher than the administration's revised budget request of \$35,000,000 for activities at the Centers for Disease Control and Prevention as part of an overall budget request of \$100,000,000 encompassing other Federal agencies. The administration also proposed to partially offset this new request with a \$35,000,000 reduction in the NIH buildings and facilities account. The Committee has chosen not to adopt this offset.

While the administration request for HHS only includes funding for CDC, the Committee has chosen to allocate \$15,000,000 to the National Institutes of Health and \$35,000,000 to CDC in order to incorporate international biomedical research and training as well as surveillance and tracking. With this broader base of activity, the United States will be better able to establish a comprehensive network of researchers and epidemiologists who could track and analyze the spread of HIV and who could help other nations with their intervention strategies. Of the amount allocated to NIH, it is expected that the NIH Associate Director for International Research and the Office of AIDS Research, in consultation with the National Institute of Allergy and Infectious Diseases, the National Institute of Child Health and Human Development, the Fogarty International Center, and other relevant institutes, will develop a strategy and determine funding allocations. The NIH and CDC are also further encouraged to involve the Maternal and Child Health Bureau and the AIDS Education and Training Center program of HRSA for their exper-

tise in children's health care delivery and health professional training.

—*Global malaria initiative.*—The Committee has allocated \$15,000,000 to combat the spread of malaria worldwide. According to the World Health Organization, the worldwide prevalence of the disease is estimated to be 300 million to 500 million clinical cases each year. More than 90 percent of all malaria cases are in sub-Saharan Africa and mortality due to malaria is estimated to be over 1 million deaths each year. The vast majority of deaths occur among young children in Africa, especially in remote rural areas with poor access to health services. Furthermore, drug resistant strains may soon render current pharmaceutical therapies worthless unless efforts are made to overcome this resistance and to develop new generations of therapies, including vaccination.

Of the amount provided, \$9,000,000 will be for activities at CDC and \$6,000,000 at NIH. With these funds, CDC is tasked to conduct surveillance for resistance, evaluate new drugs and insecticides, develop and use assays to test the malaria parasite for drug resistance and mosquitoes for insecticide resistance, and other associated activities. The Committee is aware of the promising work conducted by the University of Mississippi Laboratory for Applied Drug Design and Synthesis and the Tulane University Center for Infectious Diseases.

The Committee is also aware of the leadership provided by the NIH Director in establishing the Multilateral Initiative on Malaria with international partners. With these funds, the NIH is tasked to accelerate and expand the cluster of activities as part of the Multilateral Initiative on Malaria and other activities as identified by the NIH Director, in close consultation with the Associate Director for International Research and the Director of the National Institute of Allergy and Infectious Diseases.

—*Global micronutrient malnutrition initiative.*—The Committee is concerned that an international public health emergency exists in many regions of the world because of acute and chronic illnesses arising from preventable causes such as malnutrition. In particular, there are certain crucial micronutrients with high impact on a developing child or a pregnant woman. Micronutrient malnutrition resulting from war or poverty, for example, can permanently damage a population's physical and mental development. Small amounts of essential vitamins and minerals, when delivered through dietary diversification, food fortification, and supplementation can prevent or reverse many illnesses. The Committee understands that the World Bank has noted that no other technology offers as large an opportunity to improve lives at such low per-person cost and in such a short a period of time. The Committee has allocated \$5,000,000 for NIH and \$5,000,000 for CDC to establish international research, prevention, and intervention strategies for micronutrient malnutrition. The Associate Director for International Research is expected to work with relevant institutes to consider research and research training needs and to assist in allocation of funds for the NIH component. The Director of

CDC is expected to make a similar determination for the CDC component. The Committee intends the agencies use these resources to work toward the elimination of nutrition-dependent diseases such as goiter, cretinism, iron and vitamin A deficiencies. The agencies should also consider applying resources in domestic pockets of micronutrient-deficient areas such as the inner city or certain minority populations.

Biosecurity.—For activities relating to the protection of civilian populations against potential biological threats (“bioterrorism”) and to the building of the nation’s public health infrastructure, the Committee allocates \$175,000,000, which is \$41,400,000 above last year’s level and \$11,022,000 below the administration request. The administration requested separate funding in this account for the Centers for Disease Control and Prevention, Office of Emergency Preparedness, Food and Drug Administration and the authority to distribute funding to other HHS agencies. Funds were requested for biosecurity activities among these agencies including: deterrence, disease surveillance, medical and public health response preparation and planning, the national pharmaceutical stockpile, and research and development.

The Committee expects that, within the amount provided to the Secretary for biosecurity, the rebuilding of the nation’s public health infrastructure be given the highest priority. Communications, information technology, laboratories and associated technologies, hospital capacity, and trained professionals are essential elements of a national public health infrastructure which protects the civilian population against both bioterrorist threats and the rapid onset of naturally occurring diseases.

Of the amount provided for bioterrorism in this account, the Committee has allocated: \$120,000,000 for the Centers for Disease Control and Prevention, of which \$30,000,000 is to be allocated for the Health Alert Network; \$30,000,000 for the Office of the Secretary; and \$25,000,000 for the Office of Emergency Preparedness. The Committee has deferred funding of \$13,400,000 identified in the administration request for the Food and Drug Administration, whose appropriations are under the jurisdiction of a separate subcommittee. The Committee has chosen not to include bill language authorizing transfer authority for bioterrorism funds, and notes that any proposed transfers shall continue to be subject to the standing rules of the Committee regarding reprogramming requests. Elsewhere in the bill, the Committee has fully funded the administration requests for bioterrorism activities: \$24,340,000 at NIH and \$20,000,000 at CDC. In addition, \$5,000,000 is available at AHCPR. The aggregate total for bioterrorism activities contained in the bill is \$224,340,000.

The Committee continues to be supportive of the Health Alert Network, which is administered by CDC and assists state and local public health entities to establish a working communications network dedicated to rapid response, analysis and information sharing.

The Committee is concerned over the disparities of quality and capabilities of the American public health infrastructure. While biosecurity and bioterrorism threats should be confronted, there continues to be insufficient capital funding by private and public

sources of hospitals, laboratories, clinics, information networks, and other necessary elements to the provision of public health services. The Committee intends that future funding for biosecurity purposes will incorporate a growing proportion dedicated to public health infrastructure needs. Therefore, the Committee requests a report that assesses the current state of the nation's public health infrastructure and makes recommendations on possible actions that could be taken to strengthen key components. Such a report should include: an identification of the components of the infrastructure, the operational capabilities of each component and their interrelationships, the desired goals and outcomes of the national infrastructure, and the suggested means to improve the system in ways that improve public health efficiently and effectively. In addition, the report should also assess global health factors that might influence the domestic public health infrastructure. The department should consult broadly within the public health, medical and international health communities to receive a diversity of viewpoints.

The Committee recognizes the critical need to ensure a highly trained public health workforce in the United States, particularly in the event of a possible bioterrorist attack, and the important role public health officials play as first responders. The Committee encourages the Centers for Disease Control and Prevention to provide training for public health department employees nationwide using distance learning technologies. Such training should focus on detecting and responding to bioterrorist threats.

The Committee is aware of the efforts of the BioMed Security Institute, a collaboration between the University of Pittsburgh, Carnegie Mellon University and the Pittsburgh Supercomputing Center in Pittsburgh, Pennsylvania, to address the national need for greater preparedness for bioterrorism. The Committee commends this Institute for its unique ability to combine the latest in information technology and biomedical research with the Pittsburgh Supercomputing Center to detect, identify, analyze, and respond to potential biological attack.

HIV/AIDS in minority communities.—To address high-priority HIV prevention and treatment needs of minority communities heavily impacted by HIV/AIDS, the Committee allocates \$35,000,000. These funds are available to key operating divisions of the department with capability and expertise in HIV/AIDS services to assist minority communities with education, community linkages, and technical assistance.

The Committee is aware of efforts to establish a multi-state HIV/AIDS technical assistance and resource center that would engage in capacity building and education among at-risk minority communities. The Committee is further aware of efforts to support the implementation of a perinatal HIV/AIDS educational, testing, and outreach demonstration that would serve providers and minority women of childbearing age. The Department should give careful consideration to incorporate these concepts into the next phase of the initiative.

Year 2000 information technology compliance.—To support the efforts of the Health Care Financing Administration to secure compliance of all HCFA data systems with Y2K standards, the Com-

mittee allocates \$150,000,000, which is the same as the administration request and is \$39,053,000 less than the fiscal year 1999 level. Such funding will enable HCFA to meet its Y2K obligations to ensure that Medicare and Medicaid beneficiaries retain their access to quality care and that health care providers receive timely payment for services rendered to patients.

GENERAL PROVISIONS

The Committee recommendation includes language placing a \$37,000 ceiling on official representation expenses (sec. 201), the same as existing law.

The Committee recommendation includes language included in fiscal year 1999 which limits assignment of certain public health personnel (sec. 202).

The Committee recommendation retains language carried in fiscal year 1999 regarding set-asides in the authorizing statute of the National Institutes of Health (sec. 203).

The Committee recommendation retains a provision carried in fiscal year 1999 to limit use of grant funds to pay individuals more than an annual rate of Executive level III (sec. 204).

The Committee recommendation retains language from fiscal year 1999 restricting the use of taps (sec. 205) for program evaluation activities by the Secretary prior to submitting a report on the proposed use of the funds to the Appropriations Committee. Section 241 of the Public Health Service Act authorizes the Secretary to redirect up to 1 percent of the appropriations provided for programs authorized under the act for evaluation activities. The Committee further expects that the report include a detailed itemization of the proposed use of evaluation funds for the Committee's review and approval.

The Committee recommendation retains language included in fiscal year 1999 restricting transfers of appropriated funds among accounts and requiring a 15-day notification of both Appropriations Committees prior to any transfer (sec. 206).

The Committee recommendation includes language included in fiscal year 1999 permitting the transfer of up to 3 percent of AIDS funds among Institutes and Centers (sec. 207) by the Director of NIH and the Director of the Office of AIDS Research of NIH. The recommendation also includes language included in fiscal year 1999 which directs that the funding for AIDS research as determined by the Directors of the National Institutes of Health and the Office of AIDS Research be allocated directly to the OAR for distribution to the Institutes and Centers consistent with the AIDS research plan (sec. 208).

The Committee recommendation includes a provision (sec. 209) regarding family planning applicants to certify to the Secretary to encourage family participation in the decision of a minor who seeks family planning services.

The Committee recommendation includes a provision included in fiscal year 1999 which restricts the use of funds to carry out the MedicareChoice Program if the Secretary denies participation to an otherwise eligible entity (sec. 210).

The Committee includes a provision to ensure that States receive no less than the amount they received in fiscal year 1999 for substances abuse and mental health services. (sec. 211).

The Committee includes a provision (sec. 212) which states that no provider of services under Title X of the PHS Act except from State laws regarding child abuse.

The Committee includes a provision (sec. 213) extending the refugee status for persecuted religious groups.

The Committee recommendation includes a general provision prohibiting funding to implement or administer the Medicare Prepaid Competitive Pricing Demonstration Project in Arizona, and the Kansas City, Missouri or Kansas City, Kansas area through the balance of fiscal year 2000. The Committee recognizes that competitive pricing may provide an important tool for containing costs in the Medicare Program, but in this case believes that HCFA has proceeded with this project without sufficient input from the affected communities. The proposed plan could raise costs and reduce benefits for persons in markets where competition is already intense, federal costs are low, and senior participation in Medicare HMO programs is higher than the national average. The Committee expects that in the interim the Health Care Financing Administration will work to design and implement a more suitable plan in more appropriate sites (sec. 214).

The Committee recommendation includes a provision which delays obligations at the National Institutes of Health (sec. 215).

TITLE III—DEPARTMENT OF EDUCATION

EDUCATION REFORM

Appropriations, 1999	\$1,514,100,000
Budget estimate, 2000	1,947,000,000
Committee recommendation	1,655,600,000

The Committee has provided \$1,655,600,000 in this account for education reform initiatives. The recommendation includes \$494,000,000 for education reform activities authorized by the Goals 2000: Educate America Act, \$55,000,000 to continue implementation of school-to-work transition systems authorized by the School-to-Work Opportunities Act, \$706,600,000 for education technology authorized by the Elementary and Secondary Education Act and \$400,000,000 for 21st century community learning centers.

Goals 2000: State and local education systemic improvement grants

The Committee recommends \$461,000,000 for State and local systemic education improvement grants authorized by title III of the Goals 2000: Educate America Act. This amount is the same as the fiscal year 1999 appropriation and the administration request.

Goals 2000 funds provide incentives for States to devise their own strategies for comprehensive reform of elementary and secondary education. Grants are distributed to States through a formula based on relative shares each State received in the previous year under titles I and VI of the Elementary and Secondary Education Act. By law, 1 percent is reserved for the outlying areas, schools supported by the Bureau of Indian Affairs and the Alaska Federation of Natives.

Parental assistance

The Committee recommends \$33,000,000 for title IV of the Goals 2000: Educate America Act, which authorizes a variety of activities designed to improve parenting skills and strengthen the partnership between parents and professionals in meeting the education needs of their children, including those aged birth through 5.

The increase of \$3,000,000, which is above the administration request and the fiscal year 1999 amount, is provided as part of the Committee's Youth Violence Prevention Initiative. Sociological and scientific studies show that the first three years of a child's cognitive development sets the foundation for life-long learning and can determine an individual's emotional capabilities. Parents, having the primary and strongest influence on their child, play a pivotal role at this stage of development. Scientists have found that parental relationships affect their child's brain in many ways. Research further indicates that a secure connection with the parent will better equip a child to handle stressful events throughout life.

Statistics show that the Department of Education's Parental Assistance Program in particular has helped to lower the incidence of child abuse and neglect, reduces placement of children in special education programs, and involves parents more actively throughout their child's school years. The Committee recognizes that early intervention activities conducted through the Parental Assistance Program can make a critical difference in addressing the national epidemic of youth violence, and therefore includes additional funds to expand its services to educate parents to work with professionals in preventing and identifying violent behavioral tendencies in their children.

The Committee strongly urges the Department to stipulate that at least 50 percent of each grant award shall be used only for Parents as Teachers Programs.

School-to-work opportunities

The Committee supports funds for the School-to-Work Opportunities Act, and has recommended \$55,000,000 for the Department of Education's share of program funding. The amount recommended is \$70,000,000 less than the 1999 appropriation and the same as the administration request. Fiscal years 1997-98 were the peak years for Federal support. The decrease recommended in fiscal year 2000 reflects the decline planned in Federal support as States assume increased responsibility for implementing their school-to-work systems. This amount, together with \$55,000,000 recommended for the Labor Department, will provide a total of \$110,000,000 in direct funding to help States implement their plans for creating systems to improve the transition from school to work.

Local school-to-work programs include a combination of work-based learning involving job training and school-based learning tied to both occupational skill standards and the voluntary academic standards States establish under Goals 2000. Students who complete a school-to-work program will receive a high school diploma, a certificate recognizing 1 or 2 years of postsecondary education, if appropriate, and a portable, industry-recognized skill certificate.

Technology literacy challenge fund

The Committee recommends \$425,000,000 for the technology literacy challenge fund authorized by section 3132 of the Elementary and Secondary Education Act, the same as the fiscal year 1999 appropriation and a decrease of \$25,000,000 below the budget request.

The fund helps States put into practice strategies to enable schools to integrate technology into school curricula. Funds are used to enhance students' critical thinking skills, support training for teachers, connect classrooms to the information superhighway, and purchase computers and software. Funds are distributed according to each State's share of title I, part A moneys. To be eligible for funds, a statewide technology plan describing long-term strategies for financing technology education in the State, including private-sector participation and targeting funds to school districts with the greatest need.

Regional technology consortia

The Committee recommends \$10,000,000, the same as the amount appropriated in fiscal year 1999 and the administration request, to continue the regional technology in education consortia. These consortia assist States and local educational agencies in the identification and procurement of resources necessary to implement technology plans; develop training resources for both elementary and secondary and adult education; provide referrals to sources of technical assistance and professional development; and assist institutions of higher education to establish preservice training programs in the appropriate use of educational technology.

Technology innovation challenge grants

The Committee recommends \$115,100,000 for the technology challenge grants authorized under part A of title III of the ESEA, the same as the amount appropriated in fiscal year 1999 and \$5,100,000 more than the administration request.

Technology innovation challenge grants support partnerships among educators, business and industry, and other organizations in the community to develop innovative new applications of technology and community plans for fully integrating technology into schools.

It has been brought to the Committee's attention that grants issued since this program's creation in fiscal year 1995, appear to be made disproportionately to States with high access to technology, high levels of private funding, and high concentrations of disadvantaged students, while the applications from predominantly rural, less populated States have been turned down, citing a lack of community resource contributions and low numbers of children benefiting from the proposals. The Committee encourages the Department to reexamine the criteria by which review panels score applications to ensure that the community resource contribution effort is taken into account and, that true innovation is also considered, such innovation might include new applications of software, state-of-the-art professional training programs and multicounty and multistate consortia affecting underprivileged children in technologically underserved areas and rural demographic limitations, for example in Mississippi, are also considered.

The Committee is pleased to see that schools are engaging in resource-sharing to build collaborations with nonprofit organizations and the business community to bring technology into the classroom. The Committee understands that technology training for school teachers is critical to the academic and occupational achievements of the nation's students. Several innovative projects that are currently being developed to meet specific regional needs and pursue the goals described above have been brought to the Committee's attention.

The Committee acknowledges the Tupelo Public School District in the state of Mississippi for its hard work on the CREATE for Mississippi project to bring much needed technological education services to rural school children. This project will join teachers in several districts in a network to model successful, replicable technology application and utilization in classrooms throughout the state.

The Committee recognizes Seton Hill College, located in Greensburg, Pennsylvania, for its collaboration with the local public school system to develop high-technology classrooms for the training of college faculty, students, and the region's K-12 teachers. A similar effort on behalf of the Mississippi Delta Education Initiative has been brought to the Committee's attention. The Delta State University's School of Education is developing a comprehensive technology center to train preservice education majors and current school teachers and administrators to sharpen their technology skills which are requisite to becoming a master educator. It has been brought to the Committee's attention that the Los Angeles County Office of Education has undertaken a major regional telecommunications-based learning model project to offer teacher training in urban centers. The model will serve 81 K-12 school districts and provide new and emergency teachers with practical classroom management and instructional skills to meet California State teaching standards.

The Committee is encouraged by the partnership established between the University of Alaska and local school districts to develop a long-term teacher technology preparation program to increase the number of ethnic teachers in K-12 classrooms throughout the state. Practicing, expert school teachers will be connected with education majors by serving as adjunct faculty at the university and teachers in training will gain more classroom, hands-on exposure to students and lesson integration. The Committee is aware of the expansion of a multi-district technology education center for students in nine Puget Sound school districts that assist students in acquiring the skills necessary to take advantage of the abundance of high paying, high skill and high technology employment opportunities available in the growing information industry in the region. The Montana State University is working on a 2-year public-private partnership to bring advanced internet capability to rural states by using a high-speed, high-performance connection for its four campuses to train school teachers in voice, data and video communications to develop research and instructional methodologies. The University also plans to provide coordinated technology services to the decentralized education system in the eastern part of the state, which spans dozens of school districts and five Indian reservations.

The Committee is also aware of the Enterprise State Junior College's efforts to bring technology to rural residents in southeastern Alabama by developing the Center for High Technology which provides distance learning to K-12 educators and incorporates technology in undergraduate and graduate education courses. A technology consortium in the state of North Carolina assists schools through all processes of technology integration from the beginning stages of wiring classrooms and acquiring donated computers to training students to build and maintain computers on their own and become certified technicians. To date, nearly 2,000 students have been taught and they have rebuilt 5,500 computers that are in classrooms today. A collaborative information center for technology research, development, and training at the University of Illinois at Urbana-Champaign and Parkland Junior College using models designed by the Carnegie Mellon Software Engineering In-

stitute will help these institutions train researchers and developers as part of the educational process. The higher education community throughout the state of Nebraska have identified technology training and technology-based curriculum development as their top priority to meet the educational needs of rural students and have developed the Future Leaders in Information Technology Education (FLITE) Program. The University of Nebraska-Lincoln is developing a certification process so that instructors possess the requisite qualifications to teach internet-based courses. Assumption College in Worcester, Massachusetts is establishing the Lieutenant Joseph P. Kennedy Jr. Center for Collaboration in Science and Technology to serve the Worcester public schools and other community organizations. The center will foster greater collaboration between science and non-science faculties through technological development and upgrades.

The Committee is aware of the Iowa public school system's efforts to promote partnerships with the private sector. The Committee is encouraged that at least two elementary schools located in western Iowa will partner with a private company to integrate technology into the classroom and demonstrate the effective use of technology in grades one through three. The project would support the development of appropriate curricula as well as training of participating teachers and administrators.

The Committee recognizes the Alaska Distance Education Technology Consortium for its efforts to serve students throughout the entire state, regardless of how remote the area. The consortium is establishing an advisory commission, which would include all the state's colleges, school district representatives and other educators, to determine the needs of distance education in Alaska by working with telecommunications companies, and government entities.

The Committee is concerned about the absence of technology integration in the north central communities of Pennsylvania. The Committee notes the efforts of the Lock Haven University of Pennsylvania for its development of two regional networks to link these rural communities to meet the educational and health care needs of today's economy. The networks will provide distance education to non-traditional students in areas where educational resources are sparse and will also connect schools, government organizations, and businesses. The Committee is aware of the University of Idaho's collaboration with nationally recognized educators, scientists, and the Idaho State Board of Education to conduct research and develop a model interactive education system. The model will be used to fully evaluate and test the effectiveness of internet-delivered distance education to elementary and secondary schools in rural and outlying communities. The Committee recognizes Project Family Net: Linking Providence Students and Their Parents as Partners in Learning for its efforts to provide training and support for parents in low-income areas in computer technology, which ultimately improves their children's educational opportunities by bringing computers into the home. The Committee is pleased that Project Family Net has established a private-public partnership with the Metropolitan Regional Career and Technical Center in Rhode Island to bring these much-needed services to the city.

The Committee recognizes Dominican College in New York State for its efforts to establish a technology infrastructure that will be used to improve telecommunications for blind individuals.

The Technology Enhancement Initiative at Elmira College will establish a state-of-the-art network that will serve as a technology hub for 12 rural counties and 21 school districts. The initiative will also provide expanded library services for eight community colleges. The Lake Champlain Heritage Corridor Education Program, in conjunction with the University of Vermont, would generate education reform through the use of technology to develop and implement an elementary and higher education curriculum based on the history and geology of the Champlain Valley.

The Committee recognizes Mansfield University for its continued efforts to provide students and community members with the opportunity to enhance learning through state-of-the-art information technology systems. The information technology learning center for the public, equipped with high-technology instructional labs including networked computer work stations, overhead projection systems, and video-audio links to other sites to reach employers, employees, residents, and K-12 students.

It has been brought to the Committee's attention that the National Association of Computer Systems Engineers provides extensive services throughout the country to prepare, through training and re-training programs, individuals for the high-technology jobs of today's workforce. The association works in conjunction with employers and educational institutions to deliver network communications.

It has been brought to the Committee's attention that the Washington Virtual Classroom Consortium (WVCC), which consists of 9 school districts, is developing a model salmon restoration curriculum and water quality monitoring programs to teach students about the local ecological and economic systems. The lessons can be delivered to all corners of Washington State via technology currently in place in every school district throughout the state. The WVCC proposes to design, equip and implement two courses entitled "Salmonid Ecology" and "Salmonid Ecosystem Management," along with the creation of water quality monitoring partnerships with private industry and local, state, tribal and federal government agencies.

The Committee is aware of the continuation of the Interactive Computer Aided Natural Learning project to electronically deliver textbook materials and integrate technology into eighth grade algebra courses, which is being used on a statewide basis in Louisiana.

The Committee recommends that funds be used to support grants for the purchase of assistive technology for persons with disabilities to become employable and live independently. This technology can improve the lives of over 50 million Americans with physical or mental disabilities.

The Southeast Missouri State University is currently training students to be successful in seeking employment with high tech manufacturing companies in the region. The University is currently seeking ways to equip their classrooms with equipment to aid in the training of these students.

It has been brought to the Committee's attention that the Oklahoma State University Education and Research Foundation has undertaken a program to develop, test, and make available to schools, as a curricular enhancement, an interactive electronic version of the exercise in Hard Choices. This proven educational tool enhances subject matter expertise and teaches consensus—building skills, constructive conflict resolution and civics. It will enable the expansion of constructive debates on major public policy issues of students and citizens across the country.

The Committee commends the effort of Halifax County to work with four institutions of higher learning to create a Continuing Education Center (CEC) and Teachers' Institute in South Boston, Virginia. The purpose of the CEC and the Institute will be to increase the economic competitiveness of the area by offering residents expanded opportunity to obtained advanced education and to improve the use of education technology.

The Committee is aware of the Puget Sound Center for Teaching, Learning and Technology (PSC), a collaborative partnership of Shoreline Community College, Edmonds Community College, and the Morgridge Family Foundation. The PSC will engage in K-20 faculty development activities involving the use of technology in the classroom, on-line instruction, and information technology faculty training in current software and hardware applications.

National activities

The Committee recommends \$87,000,000 for the educational technology national activities, the same as the fiscal year 1999 appropriation. The administration requested \$177,000,000 for the activities authorized by title III, part A of the ESEA. Funds support Federal leadership activities that promote the use of technology in education, and may be used for teacher training technology, community-based technology, and technology leadership activities.

Middle School Teacher Training

The Committee has deferred action on the new Middle School Teacher Training Program pending enactment of authorizing legislation. The administration requested \$30,000,000 for this purpose. The Department planned to provide funds to states that agree to establish technology literacy as a requirement for middle school graduation.

Software Development Initiative

The Committee has deferred action on the new Software Development Initiative pending enactment of authorizing legislation. The administration requested \$5,000,000 for this purpose. The Department intended to fund a competitive grants program for middle and high school students to develop educational software and internet websites.

Star schools

For the star schools program, the Committee recommends \$45,000,000, the same as the administration request and the 1999 appropriation.

This program is designed to improve instruction in math, science, foreign languages, and other subjects such as vocational education, to underserved populations by means of telecommunications technologies. The program supports eligible telecommunications partnerships to develop and acquire telecommunications facilities and equipment, instructional programming, teacher training programs and technical assistance.

The Committee recognizes the efforts of the Star Schools Program to provide educational resources for traditionally underserved populations, including disadvantaged, illiterate, and limited-English proficient persons, and individuals with disabilities through the use of distance learning technologies. The Committee urges the Department to support telecommunications initiatives through the Star Schools Program that provide a model of a comprehensive approach to the school-to-work transition for high school youth with serious learning, emotional, neurological, and developmental disabilities. The Committee notes the successes of the Kennedy Krieger Institute in this area.

The Committee is aware that inner-city and rural students are often restricted from having access to state-of-the-art technologies, which, therefore, puts them at an academic and ultimately an economic disadvantage. The Committee is encouraged by efforts that set out to equalize access to technology for students of all socioeconomic backgrounds. The Committee is pleased that these efforts place a special focus on the advancement of students in core subjects.

Statewide educational networks provide great promise for expanding access to high quality academic programs for all students, especially students in rural areas. The Committee has been impressed by the activities of the Iowa Communications Network, which now includes over 650 interactive classrooms throughout the state. However, few of those classrooms are located in elementary or middle schools and further assistance is needed to make connections to those schools. These connections would provide elementary and secondary schools with high-speed internet access; desktop conferencing capabilities; connections to digital libraries, teacher training, and other educational resources.

The Committee is impressed by the Franklin Institute in the city of Philadelphia for its development of a new exhibit, the "Kids Science" exhibit, which will create a museum-based learning environment for the interactive study of basic science by children ages five to eight, in keeping with the promotion of national science standards. The exhibit will rely heavily on collaborative efforts of the school district of Philadelphia, the Temple University School of Education, and other area museums. The New York Historical Society is expanding its services, which currently reach more than 50,000 school children from 146 different schools, and includes class visits, tours, and teacher training workshops. The society is developing curriculum and an internet database for schools to use as a resource when teaching students about the American Revolutionary War, which will include specialized fields of study such as: commerce during the period, the establishment of colonial New York, and the role of African-Americans and women during the revolution.

It has been brought to the Committee's attention that the Technology Literacy Center at Chicago's Museum of Science and Industry has collaborated with the Chicago Public School System, universities, research laboratories, and businesses in the area to provide a resource center with the latest technology for teachers, parents, and children in the community who would not ordinarily have access to such resources.

The Vermont Gateway, established by the University of Vermont, has also created a similar service on the elementary and secondary educational levels to integrate software and technology systems. The Committee recognizes Rutgers State University of New Jersey's efforts to deliver services to low-income students through its RuNet 2000 Project, which is developing a comprehensive and integrated voice, video, and data communications network that will permit easy access from both on-and off-campus locations, including local educational agencies. The project includes statewide access to faculty, research and library resources, teacher training, and distance learning for elementary and secondary students.

It has been brought to the Committee's attention that the Anchorage School District, the University of Alaska, and Providence Hospital have collaborated to provide a distance education program for elementary and secondary students to learn about medical education and gain further access to the constantly developing and upgraded high-technology used in this field.

The Committee is encouraged by the many projects that build a technology infrastructure for severely economically distressed school districts. The Committee is also encouraged by technology development plans which are complemented with electronically delivered and other instructional materials to expose students to the most beneficial learning experiences distance learning can offer. The Committee is aware of the Houston Independent School District's efforts to use technology to improve student performance and make systemic educational reforms in one of the largest and most disadvantaged school districts, which serves high concentrations of at-risk youth and encompasses empowerment zones and enterprise communities. The Committee recognizes the Oakland School District and the KDOL-TV station for its partnership in undertaking a comprehensive school reform initiative. The initiative will bring distance learning and other technologies to low-income students and their families as well as ensure high quality professional development for teachers and encourage involvement of parents in the community.

Ready to learn television

The Committee recommends an appropriation of \$16,000,000 for the ready to learn television program, an increase of \$5,000,000 over the amount appropriated in fiscal year 1999 and \$9,000,000 more than the administration request.

This program has supported the development and distribution of educational television programming designed to improve the readiness of preschool children to enter kindergarten and elementary school, consistent with the first national education goal that all children should start school ready to learn. The program supported the development, production, and dissemination of educational ma-

terials designed to help parents, children, and caregivers obtain the maximum advantage from educational programming. Since its inception in 1994, participation in the program has grown from 10 to 128 local public television stations. Local educational workshops have reached over 4 million children, and research indicates that the program is meeting its goals in encouraging family literacy activities. Increased funding is needed to meet the growth in demand for local educational activities, improve training for professional caregivers, provide new Spanish language translations of children's programs, enhance the internet components of the program, and demonstrate the use of digital broadcasting to provide programming and training to underserved populations.

Telecommunications demonstration project for mathematics

The Committee recommends \$8,500,000 for the continuation of this PBS initiative called Mathline, \$6,500,000 more than the amount recommended by the administration and \$3,500,000 more than the fiscal year 1999 appropriation. Funds are used to carry out a national telecommunication-based demonstration project designed to train elementary and secondary school teachers in preparing all students for achieving State content standards in mathematics.

This is a highly effective program which provides state-of-the-art training for math teachers through video, print, and online, leader-led, group discussions. The Committee is pleased with the independent research that indicates that teachers value the program highly because it allows them to improve their teaching skills on their own schedules, and it breaks down the isolation of the classroom. The project has begun to expand to pre-service, as well as in-service teacher training in technology through the existing PBS satellite links at colleges and schools across the country. The Committee is encouraged by the effectiveness of the program and its potential to reach most of our nation's current teachers, as well as those undergoing training in colleges and universities.

Increased funding is needed to expand the program to reach 30,000 teachers directly, make additional resources available online and on-demand through new school networks, update materials for new mathematics teaching standards, and continue to offer pre-service and in-service training in the use of technology in the classroom.

21st Century Community Learning Centers

The Committee recommends an appropriation of \$400,000,000 for the 21st Century Community Learning Centers program, an increase of \$200,000,000 over the amount appropriated in 1999 and \$200,000,000 below the administration request.

The Committee urges the Department to support projects that emphasize safety, crime awareness, and substance abuse prevention in their after-school plans. The Committee provides an additional \$200,000,000 for the 21st Century Community Learning Centers Program to conduct such activities as part of the Youth Violence Prevention Initiative.

The purpose of the program is to support rural and inner-city public elementary and secondary schools, or consortia of such

schools, to implement or expand projects that benefit the educational, health, social service, cultural, and recreational needs of the community.

The Committee has been alerted to the increasing demands made by parents and school administrators for after-school programming and encourages local innovation to remedy the multitude of social problems that arise after school hours. The Committee encourages the Secretary to target funds to areas of high need that have low-achieving students and lack resources to establish after-school centers. The Committee notes that successful after-school programs often combine academic enrichment, through the use of supplementary educational materials and instruction, with other extra-curricular activities.

The Committee is encouraged by the city of Miami Beach's use of after-school programming as a crime prevention tool through its development of a coordinated at-risk youth and school support strategy which links local law enforcement officials with students and teachers to provide mentoring, training, and employment opportunities. The Committee is aware of two promising after-school projects being developed in the state of Nebraska. The Omaha and Lincoln public school systems have established a partnership with community organizations to create healthy and stable environments for underserved children both before and after the school day. The City of Portland, Oregon has embarked on an extensive, city-wide after-school program to provide a safe haven for children after the regular school day ends.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 1999	\$8,426,897,000
Budget estimate, 2000	8,743,920,000
Committee recommendation	8,750,986,000

The Committee recommends an appropriation of \$8,750,986,000 for education for the disadvantaged. This is \$324,089,000 more than the fiscal year 1999 appropriation and \$7,066,000 more than the administration request. In fiscal year 1999, \$6,204,763,000 was made available for this account in fiscal year 2000 funds. This year, the Committee recommendation again advances funds for fiscal year 2001. The Committee took this action because of the severe budget constraints facing the Committee in fiscal year 2000.

Programs financed under this account are authorized under title I of the Elementary and Secondary Education Act [ESEA] and section 418A of the Higher Education Act. ESEA title I programs provide financial assistance to State and local educational agencies [LEAs] to meet the special educational needs of educationally disadvantaged children, migrant children, neglected and delinquent children in State institutions, and juveniles in adult correctional institutions. In addition, the Even Start Program supports projects that integrate early childhood education with parenting and adult literacy training. Funds for most of these programs are allocated through formulas that include the number of eligible children and each State's average per-pupil expenditure. Even Start funds are allocated according to each State's proportion of title I grants to LEAs.

Grants to local educational agencies

Title I grants to local educational agencies provide supplemental education funding to LEAs and schools, especially in high-poverty areas, to help low-income, low-achieving students learn to the same high standards as other children. The program currently provides services to more than 11 million children. The formula for basic grants is based on the number of children from low-income families in each LEA, weighted by per-pupil expenditures for education in the State. The Department makes Federal allocations to the LEA level. States have the option to reallocate funds to LEAs serving areas with fewer than 20,000 residents using the best data available on the number of poor children. States are also required to reserve funds generated by counts of children in correctional institutions to make awards to LEAs for dropout prevention programs involving youth from correctional facilities and other at-risk children. By law, 1 percent of the total LEA grant appropriation is set aside for the Bureau of Indian Affairs and the outlying areas.

For title I basic grants, including the amount transferred to the Census Bureau for poverty updates, the Committee recommends an appropriation of \$6,894,000,000. This amount is \$320,000,000 more than appropriated in fiscal year 1999 and \$754,000,000 more than the budget request.

The Committee has provided no funding for the targeted grants program. The administration requested \$756,020,000 for this program which distributes funds in a manner that provides higher per-child amounts for LEAs with the highest percentage of poor children.

The Committee recommends \$1,158,397,000 for concentration grants, the same amount appropriated in fiscal year 1999 and \$58,397,000 more than the budget request. Funds under this program are distributed according to the basic grants formula, except that they only go to LEAs where the number of poor children equals at least 6,500, or 15 percent, of the total school-aged population. Approximately 66 percent of LEAs nationally receive funds.

The Committee has again included bill language providing that no local educational agency receive an allocation under title I, part A that is less than its allocation of the previous year, regardless of eligibility as determined by the Department. For fiscal year 1999, the Department has, for the first time, made allocations directly to local educational agencies. The Committee will continue to consider additional steps that can be taken to target title I aid on States and local educational agencies in greatest need. The Committee added additional funds to accommodate the hold-harmless provision.

Capital expenses for private school students

The Committee recommends \$15,000,000 for the capital expenses program, a decrease of \$9,000,000. The Administration has requested no funds and has proposed eliminating the program. It has been brought to the Committee's attention that several states require continued assistance under this program and in some cases, states have declared a need for additional funds to cover administrative costs incurred in serving private school students.

The Supreme Court's 1985 *Aguilar v. Felton* decision prohibited districts from sending public schoolteachers or other employees to private sectarian schools for the purpose of providing title I services. The capital expenses program has helped districts comply with *Felton* by paying a portion of the additional capital costs associated with serving religious school students outside school premises. Funds are used by districts for noninstructional goods and services such as renting classroom space in neutral sites, renting or purchasing mobile vans for title I instruction, or transporting private schoolchildren to the place of title I instruction.

On June 23, 1997, the Court reversed its earlier ruling, and districts may now provide title I instruction in private schools. However, many school districts will continue, over the short term, to incur costs as a result of the original 1985 decision. For example, some may have entered into multiyear leases for vans, portable classrooms, or other neutral instructional sites. The Committee, therefore, has recommended continuation of this program until an assessment has been made as to what the final costs are for *Felton* compliance.

Funds are allocated to States according to the proportion of non-public school students served under the title I LEA grants program in the most recent year for which satisfactory data are available.

Even Start

For the Even Start program, the Committee recommends \$145,000,000, an increase of \$10,000,000 above the fiscal year 1999 appropriation and the same as the budget request.

The Even Start program provides grants for family literacy programs that serve disadvantaged families with children under 8 years of age and adults eligible for services under the Adult Education and Family Literacy Act. Programs combine early childhood education, adult literacy, and parenting education.

States receive funds on the basis of their proportion of title I LEA grant allocations and make competitive 4-year grants to partnerships of local educational agencies and community-based organizations. Grant funds must be equitably distributed among urban and rural areas and the local share of program costs increases from 10 percent in the first year to 40 percent in the fourth year.

Migrant

For the State agency migrant program, the Committee recommends \$354,689,000, the same as the amount appropriated in fiscal year 1999. The administration requested \$380,000,000 for this program.

The title I migrant program authorizes grants to State educational agencies for programs to meet the special educational needs of the children of migrant agricultural workers and fishermen. Funds are allocated to the States through a statutory formula based on each State's average per-pupil expenditure for education and counts of migratory children aged 3 through 21 residing within the States. Only migratory children who have moved within the last 3 years are generally eligible to be counted and served by the program. Currently, this program serves approximately 624,000 migrant students; however, 735,000 are eligible to receive services

and that number is increasing since states have been actively identifying and recruiting migrant children into educational programs.

This appropriation also supports activities to improve interstate and intrastate coordination of migrant education programs.

Neglected and delinquent

The Committee recommends \$42,000,000 for the title I neglected and delinquent program, the same amount recommended by the administration and \$1,689,000 more than the fiscal year 1999 level. The Committee recognizes this program as an essential component of the Youth Violence Prevention Initiative.

This program provides financial assistance to State educational agencies for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions.

Funds are allocated to individual States through a formula based on the number of children in State-operated institutions and per-pupil education expenditures for the State.

States are authorized to set aside up to 10 percent of their neglected and delinquent funds to help students in State-operated institutions make the transition into locally operated programs. Transition activities are designed to address the high failure and dropout rate of institutionalized students and may include alternative classes, counseling and supervisory services, or educational activities in State-supported group homes.

Evaluation

The Committee bill includes \$8,900,000 for title I evaluation activities, \$1,400,000 more than the amount appropriated in fiscal year 1999. The amount recommended is the same as the budget request.

Evaluation funds are used to support large-scale national surveys that examine how the title I program is contributing to student performance. The recommended amount will provide sufficient funds to design, implement, and produce multiyear evaluations that will assess the effects of the changes made in the reauthorization of the title I program.

Comprehensive school reform

The Committee recommends \$120,000,000, the same as the 1999 amount, for the comprehensive school reform program which was created through the fiscal year 1998 appropriations act and is funded under the title I demonstration authority. The administration requested \$150,000,000 for this purpose in fiscal year 2000. This program provides schools with funding to develop or adopt, and implement, comprehensive school reforms based on reliable research and effective teaching practices.

High school equivalency program

The Committee bill includes \$9,000,000 for the high school equivalency program [HEP]. This amount is the same as the amount appropriated in fiscal year 1999 and \$6,000,000 below the amount requested by the administration.

This program provides 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students aged 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a postsecondary institution or a job-training program, or join the military. Projects provide counseling, health services, stipends, and placement assistance. HEP serves about 3,600 migrants.

College assistance migrant program

For the college assistance migrant program [CAMP], the Committee recommends \$4,000,000, the same as the fiscal year 1999 appropriation and \$3,000,000 below the amount requested by the administration.

Funds provide 5-year grants to institutions of higher education and nonprofit organizations for projects that provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for followup services after students have completed their first year of college, including assistance in obtaining student financial aid. CAMP serves about 375 students.

IMPACT AID

Appropriations, 1999	\$864,000,000
Budget estimate, 2000	736,000,000
Committee recommendation	892,000,000

The Committee recommends an appropriation of \$892,000,000 for impact aid for the Department of Education. This amount is \$28,000,000 above the 1999 appropriation and \$156,000,000 above the administration request.

Impact aid provides financial assistance to school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes—a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education. During the current school year, approximately 1,500 school districts will receive payments on behalf of 1.3 million eligible children.

The Committee has not included the following language provisions proposed by the Administration: Language specifying that payments under section 8003 be made only for children of federal employees both living and working on Federal property, children of foreign military officers living on Federal property, children living on Indian lands and children of members of the uniformed services living on Federal property; language overriding the section 8003 threshold eligibility requirements for LEAs; language specifying that payments under section 8003(d) be made only for children of foreign military officers living on Federal property, children living on Indian lands, and children of members of the uniformed services

living on Federal property; language specifying the maximum Basic Support Payment formula for which an LEA is eligible; language changing the learning opportunity threshold reduction methodology; and language overriding the hold-harmless provision that precludes distribution of funds by formula.

Basic support payments.—The Committee recommends \$725,000,000 for basic support payments, \$21,000,000 more than the amount appropriated in fiscal year 1999 and \$41,000,000 above the amount recommended by the administration. Under statutory formula, payments are made on behalf of all categories of federally connected children.

It has come to the Committee's attention that, in the middle of the current fiscal year, the Department notified school districts that utilized special additional factors in their application that it will no longer consider these factors when computing their basic support payment amounts. The Department has used special additional factors to compute basic support payment amounts for the past 20 years. This change of policy, undertaken without advance notification, will create a significant hardship for school districts that utilized special additional factors, and budgeted for basic support payment amounts based on that computation. More than 20 school districts included special additional factors in their application, including one that is among the poorest in the United States. The Committee urges the Department to reconsider this change of policy and its resultant consequences and encourages it to continue to utilize the approach that it has for the past 20 years. The Committee believes instead that this issue should be addressed during reauthorization of the Impact Aid program.

Payments for children with disabilities.—Under this program additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act. The Committee bill includes \$50,000,000 for this purpose, the same as the 1999 level and \$10,000,000 more than the administration request.

Payments for heavily impacted districts.—These payments provide additional assistance to certain local educational agencies that enroll large numbers or proportions of federally connected children. The Committee recommends \$75,000,000, an increase of \$5,000,000 over the amount appropriated in fiscal year 1999. No funds were requested by the administration for this activity.

Facilities maintenance.—This activity provides funding for maintaining certain school facilities owned by the Department of Education. The Committee recommends \$5,000,000 for this purpose in fiscal year 2000, the same as the budget request and the amount appropriated in fiscal year 1999.

Construction.—Payments are made to eligible LEA's to be used for construction and renovation of school facilities, or for debt service related to the construction of school facilities. The Committee recommends \$7,000,000 for this program, the same amount appropriated in fiscal year 1999 and requested by the administration.

The Committee is aware of unfavorable learning environments at two school districts in Montana. The Hays/Lodge Pole School District elementary school, located on Fort Belknap Reservation, has been closed sporadically throughout the last 2 school years due to

health and safety concerns. Students have been transported offsite during the periods of closure. Overcrowded conditions at the Harlem Elementary School in north central Montana persist and some students continue to be taught in temporary facilities. The Committee requests that the Department work with both school districts to find remedies for these situations.

The Committee is aware of the critical construction needs at Fort Sam Houston Independent School District, a coterminous military post school district. The Committee requests that the Department work with this school district to address this issue and ensure that all possible solutions are explored.

Payments for Federal property.—These payments compensate local educational agencies in part for revenue lost due to the removal of Federal property from local tax rolls. Payments are made to LEA's that have a loss of tax base of at least 10 percent of assessed value due to the acquisition since 1938 of real property by the U.S. Government. The Committee recommends \$30,000,000 for this activity in 2000, \$2,000,000 more than the fiscal year 1999 amount. No funds were requested by the administration for this activity.

It has come to the Committee's attention that Hot Springs School District in South Dakota, a school district having previously met and continuing to meet all of the eligibility criteria for this program, was not found eligible for fiscal year 1994 due to circumstances outside of its control. The Committee encourages the Department to work with the School District to address this issue.

The Committee has become aware of a situation at Wall and Hill City School Districts, South Dakota, where the school districts cannot prove their eligibility because the requisite documents are no longer available. The Committee understands that both school districts met eligibility criteria for fiscal year 1994 and continue to meet all of the eligibility criteria of the program. The Committee encourages the Department to work with both school districts and local officials to resolve this situation.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 1999	\$2,811,134,000
Budget estimate, 2000	2,722,534,000
Committee recommendation	2,886,634,000

The Committee recommends an appropriation of \$2,886,634,000 for school improvement programs. This amount is \$75,500,000 more than the 1999 appropriation and \$164,100,000 more than the administration's request.

Eisenhower professional development State grants.—The Committee recommends \$335,000,000 for Eisenhower professional development State grants, the same as the fiscal year 1999 appropriation and the same amount requested by the administration. This program provides formula grants to States to support sustained and intensive high-quality professional development activities in the core academic subjects at the State and local levels.

The Committee emphasizes the priority of professional development in the fields of Math and Science. It also encourages state and local educational agencies to scrutinize the appropriateness and quality of training in all fields to be funded by this program.

Innovative education program strategies State grants.—The Committee recommends \$375,000,000 for innovative education program strategies State grants, the same as the fiscal year 1999 appropriation. The administration proposed to eliminate funding for this program. This program makes grants to State and local educational agencies for activities intended to help meet the national education goals and assist in their reform of elementary and secondary education. Funds are awarded to States by a formula based on school-aged population and then to local districts under a State-determined formula. State and local funds may be used for acquisition of instructional materials such as library books, curricular materials, and computer software and hardware; improving educational services to disadvantaged children and dropout prevention; combating illiteracy among children and adults; programs for gifted and talented children; and reform activities consistent with Goals 2000. Teacher training and other related activities in support of any of these purposes is also authorized.

Teacher assistance initiative

The Committee recommendation includes \$1,200,000,000 for a teacher assistance initiative pending enactment of authorizing legislation. Of the funds provided, \$900,000,000 will become available on October 1, 2000 for the 2000–01 academic year.

Safe and drug free schools and communities

The Committee remains extremely concerned about the frequent and horrific occurrence of violence in our Nation's schools. Last year, the Committee provided \$125,000,000 within this account for a school violence prevention initiative. As part of an enhanced and more comprehensive effort, the Committee has provided \$160,000,000 within the safe and drug free schools and communities program to support activities that promote safe learning environments for students. Such activities should include: targeted assistance, through competitive grants, to local educational agencies for community wide approaches to creating safe and drug free schools; and training for teachers and school security officers to help them identify students who exhibit signs of violent behavior, and respond to disruptive and violent behavior by students. The Committee also encourages the Department to coordinate its efforts with children's mental health programs.

The Committee urges the Department to include in their research on risk behavior, students from both the elementary and secondary grades. The Committee also urges the Department to expand studies to include research on gambling attitudes and behavior.

State grant program.—The Committee bill provides \$451,000,000 for the safe and drug free schools and communities State grant program. The amount recommended is \$10,000,000 more than the fiscal year 1999 appropriation and \$12,000,000 more than the budget request. Of the funds provided, \$339,750,000 will become available on October 1, 2000 for the 2000–01 academic year.

National programs.—The Committee has included \$100,000,000 for the national programs portion of the safe and drug free schools program, \$10,000,000 more than the budget request and the fiscal

year 1999 appropriation. The Committee has provided resources for this program as part of its youth violence prevention initiative. Funds for this program are used for discretionary grants, joint projects with other Federal agencies, development and dissemination of materials, data collection and evaluation and a variety of other activities designed to improve the field of drug and violence prevention at the elementary and secondary school level. Discretionary grants also are provided for campus-based projects.

The Committee recognizes an innovative anti-drug program developed by the Chicago Public Schools to combat the dangers of alcohol and drug abuse to youth. Specifically, the program involves aggressive intervention, treatment opportunities, recovery support, parental involvement, and prevention. It is implemented through three models: Saturday Morning Alternative Reach-out and Teach Program, Alternative Safe Schools, and Healthy Kids . . . Healthy Minds.

The Committee is extremely concerned about the high incidence of alcohol abuse among America's college students and the overwhelming deaths and injuries resulting from abusive alcohol consumption. In 1998, 34 students throughout the United States died from alcohol-related accidents on college campuses. The Committee, therefore, includes \$850,000 within the national programs to continue the National Recognition Awards program to provide models of alcohol and drug abuse prevention and education at the college level. This amount is \$100,000 more than the administration request and the fiscal year 1999 level.

Coordinator initiative

The Committee has included \$60,000,000 for the Coordinator Initiative. This is an increase of \$25,000,000 more than the fiscal year 1999 appropriation and \$10,000,000 more than the budget request. The Committee has provided resources for this program as part of its youth violence prevention initiative. The Committee recommendation will enable the Department to provide assistance to LEAs to recruit, hire, and train drug prevention and school safety program coordinators in middle schools with significant drug and school safety problems. These coordinators will be responsible for developing, conducting and analyzing assessments of their school's drug and crime problems, and identifying promising research-based drug and violence prevention strategies and programs to address these problems.

Project SERV

The Committee has deferred action for the new Project SERV (School Emergency Response to Violence), pending enactment of authorizing legislation. The Administration requested \$12,000,000 for this purpose in fiscal year 2000.

Under this initiative, the Department would collaborate with the Departments of Justice and Health and Human Services and the Federal Emergency Management Administration to help school districts respond to major crises.

Inexpensive book distribution

For the inexpensive book distribution program, the Committee provides \$21,500,000, an increase of \$3,500,000 over the 1999 appropriation and the amount recommended by the administration has been provided as part of the Committee's youth violence prevention initiative. This program is operated by Reading Is Fundamental [RIF], a private nonprofit organization associated with the Smithsonian Institution. RIF supports over 4,500 projects at over 15,000 sites to distribute books to children from low-income families to help motivate them to read. In 1999, an estimated 10.2 million books will be distributed to 3.2 million children. This program has been successful in motivating children to read, increasing the use of libraries, increasing parental involvement in schools, and contributing to improved reading achievement. As mentioned earlier, the Committee believes that literacy promotion is an important to preventing violence among youth.

Arts in education

For the arts in education program, the Committee recommends \$12,500,000, an increase of \$2,000,000 more than the 1999 appropriation and the administration request. The amount recommended will support grant awards: \$5,746,000 for a grant to very special arts [VSA], which supports the development of programs to integrate the arts into the lives of children and adults with disabilities; and \$4,754,000 for a grant to the John F. Kennedy Center for the Performing Arts, which supports a variety of activities through its education department that promote the arts throughout the Nation, and \$2,000,000 for youth violence prevention activities.

The Committee has provided sufficient resources for additional grants to support programs targeting youth violence, delinquency and substance abuse, both in-school and during the after school hours, through innovative arts programming and youth arts education initiatives.

Magnet schools assistance

For the magnet schools assistance program, the Committee bill provides \$112,000,000, \$2,000,000 below the amount recommended by the administration and an increase of \$8,000,000 over the 1999 appropriation.

This program supports grants to local educational agencies to establish and operate magnet schools that are part of an approved desegregation plan and are designed to attract substantial numbers of students of different social, economic, ethnic, and racial backgrounds. Grantees may use funds for teacher salaries, purchase of computers, and other educational materials and equipment.

The Committee recommendation will enable 58 current grantees in the third and final year of their grant to achieve greater academic excellence with increased funding for professional development and related activities. The recommendation also provides funds for an additional regular magnet schools assistance competition in fiscal year 2000. The Committee recommendation does not include resources for the Administration's proposed inter-district magnet initiative.

Within the amount provided, the Committee has included \$5,200,000 for innovative programs, the same as the budget request and \$50,000 more than the fiscal year 1999 appropriation.

Education for homeless children and youth

For carrying out education activities authorized by part B, subtitle B of the Stewart B. McKinney Homeless Assistance Act, the Committee recommends \$28,800,000, the same as the fiscal year 1999 amount and \$2,900,000 below the budget request.

This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth, to develop and implement State plans for educating homeless children, and to carry out other activities to ensure that all homeless children and youth in the State have access to the same free, appropriate public education, including a public preschool education, as provided to other children and youth. Grants are made to States based on the total that each State receives under the title I program.

Women's educational equity

The Committee recommends \$3,000,000 for the women's educational equity program, the same as the fiscal year 1999 appropriation and the same as the amount requested by the administration. The program supports projects that assist in the local implementation of gender equity policies and practices.

Training and advisory services

For training and advisory services authorized by title IV of the Civil Rights Act, the Committee recommends \$7,334,000, the same as the fiscal year 1999 appropriation and the administration's request.

The funds provided will continue the 10 regional equity assistance centers [EACs] formerly known as regional desegregation assistance centers. Each EACs provides services to school districts upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination on the basis of race, color, sex, or national origin in education programs. No funds are included for civil rights units in State education agencies.

Ellender fellowships

For Ellender fellowships, the Committee bill includes \$1,500,000, the same as the 1999 appropriation. The administration recommended no funding for this program. The Ellender fellowship program makes an award to the Close Up Foundation of Washington, DC, to provide fellowships to students from low-income families and their teachers to enable them to participate with other students and teachers for 1 week of seminars on Government and meetings with representatives of the three branches of the Federal Government.

Education for native Hawaiians

For programs for the education of native Hawaiians, the Committee bill includes \$23,000,000, which is \$3,000,000 above the 1999 appropriation and the administration request.

The Committee urges the Department when allocating these funds to provide the following: \$5,500,000 for curricula development, teacher training, and recruitment programs, including native language revitalization and encourages priority be given to the University of Hawaii at Hilo Native Language College, aquaculture, prisoner education initiatives, waste management, computer literacy, big island astronomy, and indigenous health programs; \$1,100,000 for the community based learning centers; \$2,700,000 for the Hawaii higher education program; \$2,200,000 for the gifted and talented programs; \$2,200,000 for the special education programs; \$400,000 for the native Hawaiian education councils; and \$8,900,000 for family based education centers.

Native Hawaiian agriculture partnership.—The Committee is aware of the dismal economic and social conditions in the rural areas of Hawaii resulting from the closure of several sugar cane plantations that formerly provided infrastructure for these communities. The Committee favors and continues to support the expansion of the partnerships between community-based agricultural businesses and cooperating high schools, where agricultural and business practices are integrated into the curriculum and products that are ultimately purchased by the cooperating businesses.

Waste management innovation.—Preservation of the environment is an important underpinning of Hawaiian culture, however, little is known of the historical practices used by the Hawaiian people to manage waste and guard against overexploitation. The Committee urges the study and documentation of traditional Hawaiian practices of sustainable waste management and preparation of teaching materials for educational purposes and notes the unique qualifications of a consortium involving Partners in Development (a Hawaiian nonprofit corporation) and the Bishop Museum for such a purpose.

Computer literacy and access for Hawaiian and part-Hawaiian children.—The importance of literacy for success in school has been clearly demonstrated. Disadvantaged native Hawaiian and part-Hawaiian children struggle for opportunities. The Committee urges that students interested in becoming elementary and high school teachers be strongly encouraged to pursue these fields of study.

Prisoner education.—Native Hawaiians continue to represent the largest ethnic group in that State's prison system. The Committee recognizes the importance of reintegrating native Hawaiian youth into school settings or onto a career path and job placement through comprehensive, culturally sensitive individual and family counseling; educational skills training; and employment training/job placement. This project should target native Hawaiian youth in districts with high percentages of school dropouts and youth offenders.

Big Island astronomy project.—Mauna Kea is internationally known for optical, infrared, and millimeter astronomy; is home to all four of the new generation telescopes; and is a cultural site of great importance to native Hawaiians. Given that very few Hawai-

ians are employed by these programs, the Committee understands the importance of developing educational programs to encourage native Hawaiians to enter the field of astronomy, with emphasis on astronomy as a profession; operation of astronomical and observatory equipment; or scientific and cultural expertise.

Indigenous health.—The Native Hawaiian Health Care Improvement Act provides authority for inclusion of native Hawaiian traditional healers in the comprehensive health care delivery system. There is similar recognition of traditional healing within the Indian Health Service health care delivery system. Because of a lack of available instruction in traditional medicine, this knowledge is being lost for younger generations of native Americans and native Hawaiians. The Committee is aware of the benefits of educating health care practitioners in traditional medicines and techniques in native Indian and native Hawaiian communities.

Hawaii Marine Resource Management.—The Committee notes that the Hui Malama o Mo'omoni has been working to document the traditional fishery management techniques used in the Hawaiian culture. These techniques have both scientific and cultural relevance to the efficient management of Hawaii's marine resources. The Committee understands the value of a community-based outreach program that could teach Hawaiian children these traditional marine management practices and recognizes the expertise that Hui Malama o Mo'omoni and their consortium partners have in this area.

Alaska Native educational equity

The Committee recommends \$13,000,000 for the Alaska Native educational equity assistance program, authorized under title IX, part C, of the Elementary and Secondary Education Act. This amount is \$3,000,000 over the 1999 appropriation and the budget request. These funds address the severe educational handicaps of Alaska Native schoolchildren. Funds are used for development of supplemental educational programs to benefit Alaska Natives. The Committee directs the Department to consult with the Alaska Federation of Natives [AFN] in developing criteria for grant proposals and consult with AFN in developing criteria for evaluating projects.

It has been brought to the Committee's attention that in urban areas, 60 percent of Alaska Natives entering high school do not graduate, and that Alaska Natives test scores are on average 40 percent lower than those of other students. In some districts, none of the Alaska Native elementary students and 40 percent of Native high school students are performing at their grade levels. The funds provided under the Alaska Native educational equity assistance program will help to address some of the barriers faced by Native Alaskan children and develop programs tailored to the unique needs of these children to improve performance levels.

Charter schools

The Committee recommends \$100,000,000 for support of charter schools, which is the same as the 1999 appropriation and \$30,000,000 below the budget request.

This program, authorized under title X, part C of the Elementary and Secondary Act of 1965, as amended, provides funds to the Sec-

retary to make awards to State educational agencies, which, in turn, make subgrants to partnerships of developers and local education agencies or other public entities that can authorize or approve a charter school. Grants are limited to 3 years in duration, of which not more than 18 months may be used for planning and program design, not more than 2 years for the initial implementation of a charter school, and not more than 2 years to carry out dissemination activities.

Unlike traditional public schools, charter schools operate under charters or contracts with school districts, State education agencies, or other public institutions. They are designed by groups of parents, teachers, school administrators, other members of the community, and private corporations and are held accountable for student performance under the terms of their contracts. Also, charter schools can operate with considerable autonomy from external controls such as district, State, and union requirements.

The Committee is encouraged by the rapid growth of charter schools throughout the country as a means of education reform. It has been brought to the Committee's attention that Central Michigan University proposes to establish a national institute for charter school development to disseminate information on and assist schools with the design and implementation of charter school models.

Comprehensive regional assistance centers

The Committee recommends \$28,000,000 for the comprehensive regional technical assistance centers. This recommendation is the same as the fiscal year 1999 level. The administration recommended \$32,000,000 for this program. This program supports 15 regional centers that provide support, training, and technical assistance to Department of Education grantees. Of the amount recommended, up to \$750,000 is for an evaluation to collect performance indicator data that would improve the delivery of technical assistance centers.

Advanced placement test fees

The Committee recommends \$15,000,000 for the advanced placement test fees program, \$5,000,000 less than the amount requested by the administration and an increase of \$11,000,000 more than the amount appropriated in fiscal year 1999. This program awards grants to States to enable them to cover part or all of the cost of advanced placement test fees of low-income individuals who are enrolled in an advanced placement class and plan to take an advanced placement test.

Participation in advanced placement programs has helped increase the post-secondary education enrollment rates of low-income students. The Higher Education Amendments Act of 1998 allows states to use their additional grant funds for supplemental activities, if low-income students do not pay more than a nominal test fee. These activities must focus on promoting educational excellence and providing equal access to post-secondary education. The Committee believes that additional funds should not be used for other activities, such as professional development, which are unre-

lated to the goal of expanding the availability of advanced placement courses to low-income students.

READING EXCELLENCE

Appropriations, 1999	\$260,000,000
Budget estimate, 2000	286,000,000
Committee recommendation	260,000,000

The Committee recommends \$260,000,000 for Reading Excellence Act programs, the same as the fiscal year 1999 appropriation and \$26,000,000 below the budget request. These funds support reading and literacy grants to State and local educational agencies to build upon what they are already providing to promote literacy and to establish new efforts to link parents, teachers, trained reading professionals, and trained tutors in school, library, and community literacy efforts. In addition, the program includes an emphasis on improving the quality of teaching in the area through professional development and by using scientifically based reading research.

INDIAN EDUCATION

Appropriations, 1999	\$66,000,000
Budget estimate, 2000	77,000,000
Committee recommendation	77,000,000

The Committee recommends \$77,000,000 for Indian education programs, an increase of \$11,000,000 above the fiscal year 1999 appropriation and the same as the budget request.

Grants to local education agencies

For grants to local education agencies, the Committee recommends \$62,000,000, the same as the fiscal year 1999 appropriation and the same as the budget request. These funds provide financial support to reform elementary and secondary school programs that serve Indian students, including pre-school children. Funds are awarded on a formula basis to local educational agencies, the Bureau of Indian Affairs [BIA]-supported schools and BIA operated schools.

Special programs for Indian children

The Committee recommends \$13,265,000 for special programs for Indian children, the same as the budget request and \$10,000,000 above the amount appropriated in fiscal year 1999. Funds will be used for demonstration grants to improve Indian student achievement through early childhood and preschool education programs, and professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

National activities

The Committee recommends \$1,735,000 for national activities, the same as the budget request and \$1,000,000 more than the fiscal year 1999 appropriation. Funds are used for research, evaluation, and data collection to provide information on the educational status for the Indian population and on the effectiveness of Indian education programs.

BILINGUAL AND IMMIGRANT EDUCATION

Appropriations, 1999	\$380,000,000
Budget estimate, 2000	415,000,000
Committee recommendation	394,000,000

The Committee recommends an appropriation of \$394,000,000 for bilingual and immigrant education. This is \$14,000,000 above the 1999 appropriation and \$21,000,000 below the administration's request.

The bilingual programs authorized by title VII of ESEA are designed to increase the capacity of States and school districts to provide special instruction to limited-English proficient students.

Instructional services

The Committee bill includes \$165,000,000 for bilingual instructional programs, \$5,000,000 above the 1999 level and \$5,000,000 below the President's request.

This activity provides competitive grants, primarily to school districts, to improve the quality of instructional programs for limited-English proficient students. Schools are permitted to select the instructional approach best suited to their students, except that no more than 25 percent of program funds may be used to support instruction that does not make use of the students' native language. Funds may also be used to provide services for preschool children and parents to assist in the education of their children.

Support services

The Committee has included \$14,000,000 for support services, the same as the fiscal year 1999 appropriation and the administration's request. This program provides discretionary grants and contracts in four specific areas: research and evaluation; dissemination of effective instructional models; data collection and technical assistance; and a national clearinghouse to support the collection, analysis, and dissemination of information about programs for limited-English proficient students.

Professional development

The Committee recommends \$55,000,000 for professional development, an increase of \$5,000,000 above the fiscal year 1999 appropriation and \$20,000,000 below the budget request.

These funds support the training and retraining of bilingual education teachers and teacher aides, graduate fellowships related to the field of bilingual education, and grants to institutions of higher education to improve bilingual teacher training programs.

Immigrant education

The Committee recommends \$150,000,000 for immigrant education, the same as the administration request and the fiscal year 1999 appropriation.

The Immigrant Education Program provides financial support to offset the additional costs of educating recently arrived immigrant students who often lack proficiency in English and need special services to make the transition to the American educational system. Federal dollars flow through State educational agencies to

school districts enrolling a minimum of 500 eligible immigrant students or where eligible immigrant children represent at least 3 percent of the enrollment. The Committee agrees with the administration and has included bill language to permit States to allocate all or any part of the funds to LEA's on a discretionary basis.

Foreign language assistance

The Committee recommends \$10,000,000 for competitive foreign language assistance grants, \$4,000,000 above the amount appropriated in fiscal year 1999 and requested by the administration. This activity provides grants to increase the quantity and quality of instruction in foreign languages.

The Committee is aware of the recent research indicating that the optimum human learning time for all languages is between birth to age ten. Further, children who study a second language show greater cognitive development in areas such as mental flexibility, creativity, tolerance, and higher order thinking skills. The Committee is dismayed that in spite of these findings, quality foreign language studies are not reaching the nation's neediest students and schools. The Committee urges the Secretary to improve the availability of foreign language assistance by both increasing awareness of the program and making use of the authority to waive the matching grants requirement for local educational agencies who lack the resources to pay the cost of the program.

SPECIAL EDUCATION

Appropriations, 1999	\$5,124,146,000
Budget estimate, 2000	5,449,896,000
Committee recommendation	6,035,646,000

The Committee recommends a program level of \$6,035,646,000 for special education. This is \$911,500,000 more than the 1999 appropriation and \$585,750,000 above the administration request. This amount includes \$2,201,059,000 advance funded in fiscal year 2001.

These programs, which are authorized by the Individuals with Disabilities Education Act [IDEA], provide assistance to ensure that all children with disabilities have access to a free, appropriate public education, and that all infants and toddlers with disabilities have access to early intervention services. This assistance is provided through State grants that offset a portion of the costs incurred by States and local educational agencies in educating children with disabilities and in developing and implementing statewide systems of early intervention services, and through six programs that provide a streamlined structure to help States improve educational and early intervention results for children with disabilities.

Grants to States

The Committee bill provides \$4,989,685,000, including \$1,910,219,000 in advanced funding for fiscal year 2001 for special education grants. The amount recommended is \$678,985,000 more than the fiscal year 1999 appropriation and \$675,685,000 above the budget request. This program supports formula grants to States to

finance a portion of the cost of providing special education and related services for children with disabilities.

The Committee's recommended funding level represents approximately 13 percent of the estimated average per-pupil expenditure and 11 percent of excess costs, and would provide an estimated Federal share of \$795 per child for the 6.3 million children expected to receive special education services.

Preschool grants

The Committee recommends \$390,000,000 for preschool grants, an increase of \$16,015,000 above the fiscal year 1999 appropriation and \$12,435,000 below the budget request. The preschool grants program provides formula grants to States based on the amount of funding received in fiscal year 1997, the number of preschool children aged 3 through 5 years, and the number of preschool children aged 3 through 5 living in poverty.

The amount provided by the Committee is approximately \$672 per child for the 580,460 preschoolers expected to receive special education and related services in the next school year.

States may retain an amount equal to 25 percent of their 1997 allocation, cumulatively adjusted upward by the lesser of inflation or the percentage increase in the State's allocation, of which 20 percent may be used for administration. These funds may be used for direct and support services for 3- through 5-year-olds; and, at a State's discretion, to serve 2-year-olds with disabilities who will turn age 3 during the school year; and for other purposes. The remaining funds must be distributed to local educational agencies.

Grants for infants and families

The Committee bill provides \$375,000,000 for the part C grants for infants and families program, an increase of \$5,000,000 above the fiscal year 1999 appropriation and \$15,000,000 below the budget request. This program provides formula grants to States to implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs to make available early intervention services to all children with disabilities, ages birth through 2, and their families.

State improvement

For State improvement, the bill provides \$35,200,000, the same as the fiscal year 1999 appropriation and \$10,000,000 below the budget request. This program supports competitive grants to State educational agencies to assist them, in partnership with parents, teachers, institutions of higher education, interest groups, and others, to improve results for children with disabilities by reforming and improving their educational systems. The funds provided include continuation costs for the secondary and transitional service program, which has now expired.

Research and innovation

The Committee has included \$64,508,000 for research and innovation, the same as the fiscal year 1999 appropriation and the budget request. This program supports competitive awards to

produce and advance the use of knowledge to improve services and results for children with disabilities.

The Committee commends the Office of Special Education for its consistent efforts to support and conduct work on behalf of individuals with learning disabilities. The Committee encourages the Department to fund research and intervention studies that are of the highest scientific quality and which can lead to dissemination and program replication that produce measurable positive improvements in student learning. The Committee further encourages the Department to disseminate information concerning best practices and effective instructional measures associated with enhancing student learning as well as coordinate research efforts with the National Institutes of Health, the National Science Foundation, and other Federal agencies working on related activities.

The Committee continues to be concerned about unmet needs among children with disabilities in rural and extremely impoverished areas, who must grapple with a lack of adequate support and resources for parents, school personnel, and health care providers. The Committee is pleased that the Early Childhood Development Project of the National Easter Seal Society for the Mississippi River Delta Region is developing a mobile, multi-disciplinary team to serve disabled children and improve early intervention throughout the disadvantaged States of Arkansas, Louisiana, and Mississippi. Funds for this project would be used to expedite placement of pediatric specialists across the region, provide unduplicated early childhood services to disabled children, ages birth through twelve years, assist parents, and build lasting local capacity to sustain and coordinate appropriate services.

The Committee supports the efforts of and is encouraged by the planning and preparation devoted to the Special Olympics World Winter Games to be held in 2001. The Committee is also aware that funding is needed for the VIII Paralympic Winter Games. The Paralympic Games offer an Olympic experience for more than 1,000 disabled athletes from around the world.

Technical assistance and dissemination

The Committee bill provides \$44,556,000, the same as the fiscal year 1999 level and the budget request. These funds provide technical assistance and information through competitive awards that support institutes, regional resource centers, clearinghouses, and efforts to build State and local capacity to make systemic changes and improve results for children with disabilities.

Personnel preparation

The Committee recommends \$82,139,000 for the personnel preparation program. The amount recommended is the same as the fiscal year 1999 appropriation and the budget request. Funds support competitive awards to help address State-identified needs for qualified personnel to work with children with disabilities, and to ensure that these personnel have the skills and knowledge they need to serve these children.

The appropriation includes funds to provide personnel preparation for personnel to serve children with high incidence disabilities

including grants for graduate support to ensure a proper balance among all authorized grant categories.

Parent information centers

The Committee bill provides \$18,535,000 for parent information centers, the same as the fiscal year 1999 appropriation and \$4,000,000 below the budget request. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and media services

The Committee recommends \$34,523,000 for technology and media services, \$1,500,000 above the fiscal year 1999 appropriation and same as the budget request. This program makes competitive awards to support the development, demonstration, and use of technology, and educational media activities of value to children with disabilities.

The Committee recommends \$7,500,000 for Recordings for the Blind and Dyslexic, an increase of \$1,500,000 above the amount requested by the President and \$1,000,000 more than the fiscal year 1999 amount. These activities include production and circulation of recorded textbooks, increased outreach activities to print disabled students and their teachers, and accelerated use of digital technology for recordings for the blind and dyslexic products and services. This investment will allow the organization to continue efforts to expand the number of students served and to provide materials based on the latest user friendly technologies.

Readline

The Committee recommends \$1,500,000 for the Readline Program. The amount recommended is the same as the fiscal year 1999 appropriation activity, which is authorized by section 687(b)(2)(G) of the Individuals With Disabilities Education Act, as amended. This project would disseminate research conducted by the National Institutes of Health, as well as other research concerning effective teaching strategies, early diagnosis of, and intervention for, young children with reading disabilities.

Primary Education Intervention

The Committee defers action on the new primary education intervention program pending enactment of authorizing legislation. The administration requested \$50,000,000 for this purpose. The administration intended to provide these funds to develop curricula for children with developmental delays, ages 3 through 9, with a specific focus on reading and behavior.

REHABILITATION SERVICES AND DISABILITY RESEARCH

Appropriations, 1999	\$2,652,584,000
Budget estimate, 2000	2,717,114,000
Committee recommendation	2,692,872,000

The Committee recommends \$2,692,872,000 for rehabilitation services and disability research, \$40,288,000 more than the 1999 appropriation and \$24,242,000 below the administration request.

Vocational rehabilitation State grants

The Committee provides \$2,338,977,000 for vocational rehabilitation grants to States, which is \$34,566,000 more than the fiscal year 1999 appropriation and the same as the budget request.

Basic State grant funds assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. Authorizing legislation requires States to give priority to persons with significant disabilities. Funds are allotted to States based on a formula that takes into account population and per capita income, and States must provide a 21.3-percent match of Federal funds, except the State's share is 50 percent for the cost of construction of a facility for community rehabilitation program purposes.

The Rehabilitation Act requires that no less than 1.0 percent and not more than 1.5 percent of the appropriation in fiscal year 2000 for vocational rehabilitation State grants be set aside for grants for Indians. Service grants are awarded to Indian tribes on a competitive basis to help tribes develop the capacity to provide vocational rehabilitation services to American Indians with disabilities living on or near reservations.

Client assistance

The Committee bill recommends \$10,928,000 for the client assistance program, the same as the fiscal year 1999 appropriation and the amount recommended by the administration request.

The client assistance program funds State formula grants to assist vocational rehabilitation clients or client applicants in understanding benefits available to them and in their relationships with service providers. Funds are distributed to States according to a population-based formula, except that minimum grants of \$100,000 are guaranteed to each of the 50 States, the District of Columbia, and Puerto Rico and \$45,000 is guaranteed to each of the outlying areas, if the appropriation exceeds \$7,500,000. States must operate client assistance programs in order to receive vocational rehabilitation State grant funds.

Training

The Committee provides \$39,629,000 for training rehabilitation personnel, the same as the 1999 appropriation and \$2,000,000 below the administration request.

The purpose of this program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities. It supports training, traineeships, and related activities designed to increase the numbers of qualified personnel providing rehabilitation services. The program awards grants and contracts to States and public or nonprofit agencies and organizations, including institutions of higher education, to pay all or part of the cost of conducting training programs. Long-term, in-service, short-term, experimental and innovative, and continuing education programs are funded, as well as special training programs and pro-

grams to train interpreters for persons who are deaf, hard of hearing and deaf-blind.

The Committee is concerned about the shortage of skilled personnel to provide nonvisual communications skills, techniques of independent living, counseling education, and other adjustment-to-blindness services. The training program offered at the Louisiana Center for the Blind is an example of a demonstration project that helps to improve the quality of life for blind individuals by training them to serve as mobility instructors for future center trainees.

Demonstration and training programs

The Committee bill includes \$18,942,000 for special demonstration programs for persons with disabilities, the same as the fiscal year 1999 appropriation and \$2,000,000 more than the administration request.

This program awards grants to States and nonprofit agencies and organizations to develop innovative methods and comprehensive services to help individuals with disabilities achieve satisfactory vocational outcomes. Special demonstration programs support projects for individuals with a wide array of disabilities.

It has been brought to the Committee's attention that the Alaska Council for Independent Living wishes to implement its Self-Directed Model for Personal Assistance Services for Alaskans with disabilities. The model will train personal assistants and clients on how to use individualized performance plans of care to foster independence.

The Committee is aware that the Lighthouse for the Blind in Seattle, Washington has more than thirty years experience in this field and is expanding its interpreter, orientation, mobility, and education services for deaf-blind and other visually impaired adults.

The Committee commends multi-state and regional efforts to deliver expanded and technologically advanced services to disabled individuals. The Committee is aware of the education and training project for deaf and hearing impaired children and adults which provides professional development, and a medium for individuals to acquire life and job skills. Initial testing sites for this project are being established in the States of Illinois, Pennsylvania, and Florida.

The Committee is troubled by the high rate of undiagnosed vision problems among school children. Students experiencing poor vision often become discouraged to continue their studies, which ultimately hinders academic achievement. The Committee recognizes Helen Keller International for its ChildSight project, which is currently operating in 80 inner-city schools to provide vision screening and prescription eyeglasses. The project is expanding its services to students in economically distressed school systems throughout the country.

Migrant and seasonal farmworkers

The Committee recommends \$2,350,000 for migrant and seasonal farmworkers, the same as the 1999 appropriation and the same level as the budget request.

This program provides a 90-percent Federal match for comprehensive rehabilitation services to migrant and seasonal farm workers with disabilities and their families. Projects also develop innovative methods for reaching and serving this population. The program emphasizes outreach, specialized bilingual rehabilitation counseling, and coordination of vocational rehabilitation services with services from other sources.

Recreational programs

The Committee provides \$2,596,000 for recreational programs, the same as the 1999 appropriation and the administration request.

Recreational programs help finance activities such as sports, music, dancing, handicrafts, and art to aid in the employment, mobility, and socialization of individuals with disabilities. Grants are awarded to States, public agencies, and nonprofit private organizations, including institutions of higher education. Grants are awarded for a 3-year period with the Federal share at 100 percent for the first year, 75 percent for the second year, and 50 percent for the third year. Programs must maintain the same level of services over the 3-year period.

Protection and advocacy of individual rights

The Committee recommends \$10,894,000 for protection and advocacy of individual rights, the same as the 1999 appropriation and the same as the budget request.

This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities.

Projects with industry

The Committee bill includes \$22,071,000 for projects with industry, the same as the 1999 appropriation and the administration request.

The projects with industry [PWI] program is the primary Federal vehicle for promoting greater participation of business and industry in the rehabilitation process. PWI provides training and experience in realistic work settings to prepare individuals with disabilities for employment in the competitive job market. Postemployment support services are also provided. The program makes grants to a variety of agencies and organizations, including corporations, community rehabilitation programs, labor and trade associations, and foundations.

Supported employment State grants

The Committee's bill includes \$38,152,000 for the supported employment State grant program, the same as the 1999 appropriation and the budget request.

This program assists persons who may have been considered too severely disabled to benefit from vocational rehabilitation services by providing the ongoing support needed to obtain competitive employment. Short-term vocational rehabilitation services are augmented with extended services provided by State and local organizations. Federal funds are distributed on the basis of population.

Independent living State grants

The Committee recommends \$22,296,000 for independent living State grants, which is the same as the amount appropriated in 1999 and the budget request.

The independent living State formula grants program provides funding to improve independent living services, support the operation of centers for independent living, conduct studies and analysis, and provide training and outreach.

Independent living centers

For independent living centers, the Committee bill includes \$48,000,000, which is \$1,891,000 more than the 1999 appropriation and \$2,886,000 below the budget request.

These funds support consumer-controlled, cross-disability, non-residential, community-based centers that are designed and operated within local communities by individuals with disabilities. These centers provide an array of independent living services.

Independent living services for older blind individuals

The Committee provides \$15,000,000 for independent living services to older blind individuals, an increase of \$3,831,000 above the 1999 appropriation and \$3,608,000 above the administration request.

States participating in the program must match every \$9 of Federal funds with \$1 in non-Federal resources. Assistance is provided to persons aged 55 or older to adjust to their blindness, continue living independently and avoid societal costs associated with dependent care. Services may include the provision of eyeglasses and other visual aids, mobility training, braille instruction and other communication devices, community integration, and information and referral. These services help older individuals age with dignity, continue to live independently and avoid significant societal costs associated with dependent care. The services most commonly provided by this program are daily living skills training, counseling, the provision of low-vision devices community integration, information and referral, communication devices, and low-vision screening. The Committee notes that there are 5 million Americans in this country age 55 and older who are experiencing vision loss and that the number of Americans in this category is expected to double in the next 30 years. The Committee recognizes the very important and cost-effective work carried out through this program. By allowing older individuals to remain in their homes and communities, substantial savings are achieved. The Committee is informed that the yearly savings to society for just ten percent of the clients now receiving independent living services is \$56,000,000. The Committee believes this program is deserving of future increases.

Program improvement activities

For program improvement activities, the Committee provides \$1,900,000, the same as the budget request and the 1999 appropriation. In fiscal year 2000, funds for these activities will continue to support technical assistance efforts to improve the efficiency and effectiveness of the vocational rehabilitation program and improve accountability efforts and performance measures. The funds pro-

vided are sufficient to support ongoing program improvement activities and to support a national conference on the findings of the longitudinal study of the vocational rehabilitation program.

Evaluation

The Committee recommends \$1,587,000 for evaluation activities, the same as the 1999 appropriation and the administration request.

These funds support evaluations of the impact and effectiveness of programs authorized by the Rehabilitation Act. The Department awards competitive contracts for studies to be conducted by persons not directly involved with the administration of Rehabilitation Act programs.

Helen Keller National Center

The Committee bill includes \$8,550,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults, the same as the 1999 appropriation and the budget request.

The Helen Keller National Center consists of a national headquarters in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliate network of 47 agencies. At the recommended level, the center would serve approximately 102 persons with deaf-blindness at its headquarters facility and provide field services to approximately 1,750 persons.

National Institute on Disability and Rehabilitation Research

The Committee recommends \$81,000,000 for the National Institute on Disability and Rehabilitation Research [NIDRR], the same as the amount appropriated in 1999 and \$9,964,000 below the budget request.

NIDRR develops and implements a comprehensive and coordinated approach to the conduct of research, demonstration projects, and related activities enabling persons with disabilities to better function at work and in the community, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. The Institute awards competitive grants to support research in federally designated priority areas, including rehabilitation research and training centers, rehabilitation engineering research centers, research and demonstration projects, and dissemination and utilization projects. NIDRR also supports field-initiated research projects, research training, and fellowships.

Learning disabilities occur with high frequency (30 to 65 percent) in children with Neurofibromatosis (NF1). The Committee is aware that research in this area has opened up exciting new opportunities to eliminate learning disabilities in this population. The Committee encourages more research in this area to learn more about NF1 and its connection to learning disabilities. The Committee encourages the Department, through the NIDRR, to coordinate and make use of various research mechanisms such as Field-Initiated Projects Grants and the Research and Rehabilitation Training Centers program to support research in this area.

The Committee is aware of the successes over the past two decades that the Cerebral Palsy Research Foundation and The Wichita State University have had assisting people with significant disabilities obtain self-sufficient employment. Given their experience, the Committee believes that these institutions are well-suited to serve as a rehabilitation research and training center, and could conduct studies identifying cost-effective incentives to employ people with disabilities and make policy recommendations on their implementation.

The Committee encourages the Department to provide funds for research on postpolio syndrome. Specifically, this research should focus on improved symptom assessment of postpolio patients; identification of rehabilitation alternatives for postpolio syndrome patients; and application to other muscular disorders.

Assistive technology

The Committee bill provides \$30,000,000 for assistive technology, \$15,000,000 below the budget request and the same as the fiscal year 1999 appropriation.

The Assistive Technology Program is designed to improve occupational and educational opportunities and the quality of life for people of all ages with disabilities through increased access to assistive technology services and devices. It provides grants to States to develop comprehensive, consumer responsive statewide programs that increase access to, and the availability of, assistive technology devices and services. The National Institute on Disability and Rehabilitation Research administers the program.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 1999	\$8,661,000
Budget estimate, 2000	8,973,000
Committee recommendation	10,100,000

The Committee recommends \$10,100,000 for the American Printing House for the Blind [APH], \$1,127,000 above the budget request and an increase of \$1,439,000 above the 1999 appropriation.

This appropriation helps support the American Printing House for the Blind, which provides educational materials to students who are legally blind and enrolled in programs below the college level. The Federal subsidy provides about 44 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include textbooks and other educational aids in braille, large type, and recorded form and microcomputer applications.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 1999	\$45,500,000
Budget estimate, 2000	47,925,000
Committee recommendation	48,151,000

The Committee recommends an appropriation of \$48,151,000 for the National Technical Institute for the Deaf [NTID], an increase

of \$2,651,000 over the 1999 appropriation and \$226,000 above the budget request.

The Institute, located on the campus of the Rochester Institute of Technology, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research. Within the amount provided, \$2,651,000 is for construction.

GALLAUDET UNIVERSITY

Appropriations, 1999	\$83,480,000
Budget estimate, 2000	85,120,000
Committee recommendation	85,500,000

The Committee recommends \$85,500,000 for Gallaudet University, an increase of \$2,020,000 above the amount appropriated in 1999 and \$380,000 more than the administration request.

Gallaudet University is a private, nonprofit institution offering college preparatory, undergraduate, and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing-impaired. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for students who are deaf, and prepares adolescents who are deaf for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

The Committee recommendation includes \$2,500,000 for construction at Gallaudet University.

VOCATIONAL AND ADULT EDUCATION

Appropriations, 1999	\$1,564,970,000
Budget estimate, 2000	1,750,250,000
Committee recommendation	1,676,750,000

The Committee recommendation includes a total of \$1,676,750,000 for vocational and adult education, consisting of \$1,169,750,000 for vocational education and \$488,000,000 for adult education, and \$19,000,000 for State grants for incarcerated youth offenders.

VOCATIONAL EDUCATION

The Committee recommendation of \$1,169,750,000 for vocational education is \$6,500,000 more than the administration's request and \$6,503,000 above the fiscal year 1999 amount.

Basic grants.—The Committee has included \$1,030,650,000 for basic grants, the same as the 1999 appropriation and the administration request.

Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their programs of vocational education and provide equal access to vocational edu-

cation for populations with special needs. Persons assisted range from secondary students in prevocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Funds are distributed according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act.

Tech-prep education.—The Committee recommends \$106,000,000 for tech-prep programs. This is the same as the 1999 appropriation and \$5,000,000 less than the administration request. This program is designed to link academic and vocational learning and to provide a structured link between secondary schools and postsecondary education institutions. Funds are distributed to the States through the same formula as the basic State grant program. States then make planning and demonstration grants to consortia of local educational agencies and postsecondary institutions to develop and operate model 4-year programs that begin in high school and provide students with the mathematical, science, communication, and technological skills needed to earn a 2-year associate degree or 2-year certificate in a given occupational field.

Tribally controlled postsecondary vocational institutions.—The Committee has provided \$4,600,000 on a current-funded basis for tribally controlled postsecondary vocational institutions. This is an increase of \$500,000 over the fiscal year 1999 appropriation and the administration recommendation. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanded educational opportunities for Indian students. Grantee institutions may use the funds for costs connected with training teachers, providing instructional services, purchasing equipment, administration, and operating and maintaining the institution.

National programs, research.—The Committee recommends \$19,500,000 for national research programs, an increase of \$6,003,000 above the 1999 appropriation and \$2,000,000 above the administration request.

The National Center for Research in Vocational Education is the only federally funded center charged with the responsibility to conduct research and provide technical assistance to vocational educators. The results of the applied research done by the Center are converted into technical assistance to reform and improve vocational education instruction in our schools and colleges. The Committee believes that the work of the Center is critically important to the provision of state-of-the-art job-related instruction that, in turn, will strengthen our Nation's economy.

The amount of \$9,000,000 is provided to cover basic National Occupational Information Coordinating Committee (NOICC) and State Occupational Information Coordinating Committees (SOICC) activities, including the development and delivery of occupational and career information to students, job seekers, employers, education and employment and training programs (especially one-stop

centers), school-to-work transition systems, military transition and staffing initiatives, and welfare-to-work efforts. At least 85 percent of this amount will pass through to State SOICC's. Of the total, up to \$2,000,000 will support continuation of national and State career development and related capacity building programs that train personnel in assisting students and adults to understand themselves in the context of their career development and career transition, to be aware of the world of work, to understand the linkage between academic skills and work-related skills, to understand the linkages among related occupations and their skill requirements, and to make more informed and effective career decisions. In addition, NOICC is allowed to charge fees for publications and delivery of technical assistance and training, and the revenues raised from these sources are to be directed to NOICC to cover the costs of authorized activities.

As a result of the reauthorization of the Carl D. Perkins Vocational and Applied Technology Act, new Federal and state entities will be established to carry out the provisions of section 118 (Occupational and Employment Information) of the Act. The National Occupational Information Coordinating Committee previously authorized by the Job Training Partnership Act, and State Occupational Information Coordinating Committees will be phased out. The Committee urges the Department to ensure that the transition from the Department of Labor to the Department of Education maintains a smooth and efficient delivery of network services. Therefore, the Committee strongly encourages the Department to staff the Federal entity with NOICC personnel, who have both technical and programmatic expertise that will be useful in implementation of section 118 of the Carl D. Perkins Vocational and Applied Technology Education Amendments Act of 1998.

ADULT EDUCATION

The Committee has included \$488,000,000 for adult education, \$87,000,000 less than the administration request and \$103,000,000 above the 1999 appropriation.

Adult education State programs.—For adult education State programs, the Committee recommends \$468,000,000, which is the same as the administration request and \$103,000,000 above the 1999 appropriation. These funds are used by States for programs to enable economically disadvantaged adults to acquire basic literacy skills, to enable those who so desire to complete a secondary education, and to make available to adults the means to become more employable, productive, and responsible citizens.

Leadership activities.—The Committee has included \$14,000,000, the same as the 1999 appropriation and a decrease of \$87,000,000 below the administration request.

National Institute for Literacy.—The Committee recommends \$6,000,000 for the National Institute for Literacy, authorized under section 242 of the Adult Education and Family Literacy Act, the same amount appropriated in 1999 and the budget request. The Institute provides leadership and coordination for the national literacy effort by conducting research and demonstrations on literacy, providing technical assistance through a State capacity building grant program, establishing and maintaining a national center for

adult literacy and learning disabilities, and awarding fellowships to outstanding individuals in the field to conduct research activities under the auspices of the Institute.

State grants for incarcerated youth offenders

The Committee has included \$19,000,000 for a program authorized by part D of title VIII of the Higher Education Act, \$2,277,000 above the amount appropriated in fiscal year 1999 and \$7,000,000 more than the administration requested. This program provides grants to State correctional education agencies to assist and encourage incarcerated youth to acquire functional literacy, life and job skills, through the pursuit of a postsecondary education certificate or an associate of arts or bachelor's degree. Grants will also assist correction agencies in providing employment counseling and other related services that start during incarceration and continue through prerelease and while on parole. Each student is eligible for a grant of not more than \$1,500 annually for tuition, books, and essential materials, and not more than \$300 annually for related services such as career development, substance abuse counseling, parenting skills training, and health education. In order to participate in a program, a student must be no more than 25 years of age and be eligible to be released from prison within 5 years. Youth offender grants are for a period not to exceed 5 years, 1 year of which may be devoted to study in remedial or graduate education.

The Committee is concerned about the low academic achievement of youth offenders and their subsequent difficulty in obtaining gainful employment or pursue a postsecondary education upon release, which comes at pivotal stage of adulthood. One of the most immediate and basic needs for youthful offenders is remedial education and high school or GED preparation. The Committee believes that research into this program is necessary to determine its effectiveness and to identify areas in need of improvement, including achievement rates, recidivism, employment after release and behavior during incarceration.

The Committee also has included bill language providing \$5,000,000 to continue the prison literacy program as a part of the Youth Violence Prevention Initiative. The Committee notes that the extremely high rates of illiteracy or marginal reading skills among inmates is a national problem and therefore encourages the development of a uniform model to evaluate literacy programs across the country.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 1999	\$9,348,000,000
Budget estimate, 2000	9,183,000,000
Committee recommendation	9,498,000,000

The Committee recommends an appropriation of \$9,498,000,000 for student financial assistance, an increase of \$150,000,000 over the fiscal year 1999 appropriation and \$315,000,000 over the administration request.

Federal Pell Grant Program

For Pell grant awards in the 2000–2001 academic year, the Committee recommends \$7,778,000,000, of which \$1,176,400,000 will

become available October 1, 2000, for the 2000–2001 academic year.

Pell grants provide need-based financial assistance that helps low- and middle-income undergraduate students and their families pay the costs of postsecondary education and vocational training. Awards are determined according to a statutory need analysis formula that takes into account a student's family income and assets, household size, and the number of family members attending postsecondary institutions. Pell grants are considered the foundation of Federal postsecondary student aid.

The amount recommended is sufficient to raise the maximum Pell grant to \$3,325 the highest level in the program's history and an increase of \$200 over the maximum grant for the 1999–2000 academic year.

Federal supplemental educational opportunity grants

The Committee recommends \$631,000,000 for Federal supplemental educational opportunity grants [SEOG], an increase of \$12,000,000 above the 1999 appropriation level and the same as the budget request.

This program provides funds to postsecondary institutions for need-based grants to undergraduate students. Institutions must contribute 25 percent of SEOG awards, which are subject to a maximum grant level of \$4,000. School financial aid officers have flexibility to determine student awards, though they must give priority to Pell grant recipients.

Federal work-study programs

The Committee bill provides \$934,000,000 for the Federal Work-Study Program, an increase of \$64,000,000 above the 1999 level and the same as the administration request. This program provides grants to approximately 3,400 institutions to help an estimated 1 million undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Work-study jobs must pay at least the Federal minimum wage and institutions must provide at least 25 percent of student earnings. Institutions also must use at least 7 percent of their grants for community-service jobs.

The Committee supports continuing funding for the work colleges authorized in section 448 of the Higher Education Act. These funds help support comprehensive work-service-learning programs at qualifying institutions around the Nation. Of the funds provided, the Committee has included \$3,000,000 to continue and expand the work colleges program.

The Committee is aware of an important work colleges program at Blackburn College in Carlinville, IL. Blackburn College is one of a small number of institutions that meet the criteria to participate in this work-learning program. The Blackburn program provides critical assistance to help students meet the increasing costs of post-secondary education and provides valuable work and public service experiences which enhance the education opportunities provided to students.

Federal Perkins loans

The Committee bill includes \$100,000,000 for Federal Perkins loans capital contributions, which is the same as the 1999 appropriation and the budget request. The amount recommended when combined with institutional revolving funds, would maintain the 2000 loan volume at the current estimated level of \$1,058,000,000. At this funding level nearly 700,000 loans would be made, the same number awarded in fiscal year 1999.

The Federal Perkins Loan Program supports student loan revolving funds built up with capital contributions to about 2,000 participating institutions. Institutions use these revolving funds, which also include Federal capital contributions (FCC), institutional contributions equal to one-third of the FCC, and student repayments, to provide low-interest (5 percent) loans that help financially needy students pay the costs of postsecondary education. The Committee has included the amount necessary to maintain the current loan volume level.

The Committee bill also includes \$30,000,000 for loan cancellations, the same as the 1999 level and the amount requested by the administration. These funds reimburse institutional revolving funds on behalf of borrowers who perform statutorily specified types of public or military service, such as working in a Head Start Program, serving in the Peace Corps or VISTA, or teaching in a qualified low-income school.

Leveraging educational assistance partnership program

For the Leveraging educational assistance partnership [LEAP] program, formerly known as the State Student Incentive Grant Program [SSIG], the Committee includes \$25,000,000, the same as the 1999 appropriation and the administration request. This program provides a Federal match to States as an incentive for providing need-based grant and work-study assistance to eligible students.

FEDERAL FAMILY EDUCATION LOAN PROGRAM

Appropriations, 1999	\$47,276,000
Budget estimate, 2000	48,000,000
Committee recommendation	48,000,000

The Committee recommends \$48,000,000 for discretionary Federal administrative expenses related to the Federal Family Education Loan [FFEL] Program, formerly known as the Guaranteed Student Loan Program. The amount recommended is the same as the budget request and, excluding year 2000 computer conversion funding, \$724,000 above the amount appropriated in fiscal year 1999.

Funds appropriated for Federal administrative expenses will partially cover the fiscal year 2000 salaries and benefits, travel, printing, contracts, and other expenses associated with the program, including payment and claims processing, reducing loan default costs, and program monitoring. This discretionary administrative funding is included in the "Federal family education loans" appropriation account rather than under the Department's "Salaries and ex-

penses” account pursuant to a requirement of the Federal Credit Reform Act of 1990.

The FFEL Program is administered through State and private nonprofit guaranty agencies that insure loans directly, collect defaulted loans, and provide various services to lenders. The Federal Government supports the guaranty agencies by providing loan advances and reinsurance payments for borrower default, death, disability, and bankruptcy. The Federal Government also pays guaranty agencies loan processing and issuance fees out of the FFEL subsidy and account maintenance fees in the administrative funds under section 458 of the Higher Education Act.

The Federal Government also pays an interest subsidy to lenders, based on the borrower’s interest rate, on behalf of Stafford loan student borrowers while they are in school and during certain grace and deferment periods. To be eligible for this subsidy, students must demonstrate financial need, be enrolled at least half time, and not be incarcerated. Federal Stafford loans may be borrowed by eligible students, regardless of their school year or dependency status. Borrowing limits are tied to the extent of need, for the cost of attendance minus an expected family contribution, and other aid as determined by a statutory need analysis system.

An unsubsidized Stafford Loan Program for middle-income borrowers provides federally reinsured loans to borrowers who do not qualify for Federal interest subsidy payments under the need-based Stafford Loan Program. Except for the interest benefit and certain loan limits, all other terms and conditions of the Federal Stafford Loan Program apply to the unsubsidized Stafford loans.

Federal PLUS loans are made to parents of dependent undergraduate students. Interest rates for PLUS loans are usually higher than those for Federal Stafford loans, and the Federal Government does not pay the interest during in-school, grace, and deferment periods. No need analysis is required, but borrowing cannot exceed cost of attendance minus other aid.

HIGHER EDUCATION

Appropriations, 1999	\$1,292,623,000
Budget estimate, 2000	1,579,206,000
Committee recommendation	1,404,631,000

The Committee recommends an appropriation of \$1,404,631,000 for higher education programs, \$112,008,000 more than the 1999 amount and \$174,575,000 below the budget request.

Aid for institutional development

The Committee recommends \$286,000,000 for aid for institutional development authorized by title III of the Higher Education Act, \$25,750,000 above the 1999 appropriation and \$7,575,000 below the budget request.

Strengthening institutions.—The Committee bill includes \$60,250,000 for the part A strengthening institutions program, the same as the 1999 level and \$1,325,000 below the budget request. The part A program supports competitive, 5-year development grants for institutions with a significant percentage of financially needy students and low educational and general expenditures per student in comparison with similar institutions. Applicants may

use part A funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

Hispanic-serving institutions [HSI].—The Committee recommends \$42,250,000 for institutions at which Hispanic students make up at least 25 percent of enrollment, \$14,250,000 above the 1999 level and the same as the administration request. Institutions applying for title V funds must meet the regular part A requirements and show that at least one-half of their Hispanic students are low-income, first-generation college students. Funds may be used for acquisition of scientific or laboratory equipment, renovation of instructional facilities, and purchase of educational materials. Title V recipients are not eligible for other awards provided under title III, parts A and B.

Strengthening historically black colleges and universities.—The Committee provides \$141,500,000 for part B grants, \$5,500,000 above the 1999 level and \$7,250,000 below the administration request. The part B strengthening historically black colleges and universities [HBCU] program makes formula grants to HBCU's that may be used to purchase equipment, construct and renovate facilities, develop faculty, support academic programs, strengthen institutional management, enhance fundraising activities, provide tutoring and counseling services to students, and conduct outreach to elementary and secondary school students. The minimum allotment is \$500,000 for each eligible institution. Part B recipients are not eligible for awards under part A.

Strengthening historically black graduate institutions.—The Committee bill includes \$31,000,000 for the part B, section 326 program, \$1,000,000 above the 1999 level and \$1,000,000 below the administration request. The section 326 program provides 5-year grants to strengthen historically black graduate institutions [HBGI's]. The Higher Education Amendments of 1998 increased the number of recipients to 18 named institutions, but reserved the first \$26,600,000 appropriated each year to the first 16 institutions included in the previous authorization. Grants may be used for any part B purpose and to establish an endowment.

Strengthening tribal colleges and universities

The Committee recommends \$6,000,000, \$3,000,000 more than the fiscal year 1999 appropriation and the same as the budget request for strengthening tribal colleges and universities. Funds are used to improve the academic quality, technical capacity, institutional management, and fiscal stability of eligible tribal colleges and universities to strengthen their ability to make a substantial contribution to higher education.

Strengthening Alaska native and native Hawaiian-serving institutions

The Committee recommends \$5,000,000 for this program, an increase of \$2,000,000 over the fiscal year 1999 appropriation and the budget request. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students. Funds may be used to plan, develop, and implement activities that encourage: faculty and curriculum development; better fund and administrative management; renovation and

improvement of instructional facilities, student services, and the purchase of library books and other educational materials.

Fund for the improvement of postsecondary education

The Committee recommends \$27,500,000 for the fund for the improvement of postsecondary education [FIPSE], which is \$22,500,000 less than the 1999 appropriation and the same as the administration request. FIPSE stimulates improvements in education beyond high school by supporting exemplary, locally developed projects that have potential for addressing problems and recommending improvements in postsecondary education. The fund is administered by an independent board that provides small, competitive grants and contracts to a variety of postsecondary institutions and agencies, including 2- and 4-year colleges and universities, State education agencies, community-based organizations, and other non-profit institutions and organizations concerned with education beyond high school. The Committee has included a number of report language items and requests that the Department afford them the opportunity to compete through the regular peer review competitive process.

The Committee understands the need to strengthen American students' interest and skills in science and to prepare them for science-based careers as they begin to compete with their international counterparts in the global economy. Excellence in science education begins with improving the ways in which programs are delivered and teachers are trained to instruct students in this subject area. The National Teachers Academy is a professional and curriculum development project designed to ensure that teachers entering the classroom are qualified in the very subjects they teach to students. Student teachers from the University of Illinois will complete their certification requirements in laboratory settings at Chicago public schools.

It has been brought to the Committee's attention that Muhlenberg College in the state of Pennsylvania is developing a national model for advancing contextual learning in an environmental science classroom. The Committee is also aware of a large scale project which coordinates six universities, seventeen public school systems, and organizations in the state of Louisiana to provide professional development for life science and biology middle school teachers.

It has also been brought to the Committee's attention that Hampshire College in the state of Massachusetts is developing a National Center for Science Education to offer year-round workshops. The University of Missouri-St. Louis has established an urban education reform program by using cultural diversity and social issues as the knowledge base from which to build lesson plans and standards-based science and math education for students in grades 6-12.

The Committee recognizes that the use of technology in the classroom captivates students and increases their interest in learning. Technology has been especially helpful in assisting disabled students to excel in their schoolwork. It has been brought to the Committee's attention that the Montana State University-Billings is de-

veloping a distance learning project specifically designed to train teachers to better serve disabled students and their families.

The Committee notes the difficulty many students experience when continuing their education and trying to balance the demands of family and work in today's highly competitive job market. The National Guard in the state of Montana has improved access to a college education by providing on-site courses for employees. The Committee understands that the National Guard is now expanding its services by partnering with small businesses and agricultural producers to provide professional development and computer training. The Committee recognizes Vorhees College for its efforts on behalf of national welfare reform, which has increased the demand for nontraditional college programming. The college's integrated education program prepares students for current workforce demands and supports the permanent self-sufficiency of single mothers in Allendale, Bamberg and Barnwell Counties of South Carolina. The project will target 150 participants from the Tri-County area, a region with the highest concentration of poverty, long-term welfare dependence and unemployment in the state. Vorhees College will educate participants to pursue baccalaureate degrees, and will collaborate with community agencies to establish a comprehensive network to provide child care, health care, and transportation services to ensure that students can complete their degree programs. In the state of Virginia, four institutions of higher education have collaborated to form the Continuing Education Center which offers area residents skills and technology training for employment within the region. The Committee is aware of the North Dakota State University's Career Program for Dislocated Farmers and Ranchers, which provides academic programming and other educational services to prepare agricultural workers for a non-farm career. The Black Hills State University of South Dakota is establishing a cooperative education program that will integrate classroom studies with a series of work experiences for economically disadvantaged, rural, and Native American college students to better connect employers and graduates to the needs of the community.

The Committee recognizes the social and economic gains of diversified populations entering underrepresented occupational fields such as teaching and medicine. Psychology is one such field which plays an important role in the promotion of health and prevention of disease. The 5 to 7-year doctoral degree, which is required to become a professional psychologist, is often too financially burdensome for minority and disadvantaged individuals. The Committee is aware of a university-based program in the state of Montana which recruits American Indians into careers in psychology and supports both undergraduate and graduate American Indian students. The Committee is also aware of the national shortage for bilingual education teachers, particularly in rural and urban areas, and notes the Western Oregon University's response to this critical shortage through a training program for individuals who speak English as a second language to become bilingual and multilingual assistants and ultimately teachers to receive Bachelor's degrees and teaching licenses for careers in bilingual education.

The Committee understands that the quality of postsecondary education can be enhanced when various fields of study are integrated into coursework and experts come together to exchange their knowledge with students. The University of New Mexico has been working with Sandia Laboratories on the development of a rigorous science sequence for teaching candidates. The Lehigh University in the state of Pennsylvania has developed a unique Integrated Product Development [IPD] program, which draws over 35 faculty members from three different colleges to prepare students for employment in industry by providing a complete, interdisciplinary education in industrial design, engineering, and business. The Committee is aware that the University of Idaho is expanding its student capacity for its interdisciplinary Ecohydraulic Research program. The program coordinates four different departments of the institution and has academic links with regional federal laboratories to train undergraduate and graduate students to respond to the severe waste management and water resources issues facing the Northwest.

The Committee is impressed by the Philadelphia University's development of a state-of-the-art education center for future professionals in business, science, architecture, design and healthcare.

The Committee is encouraged by the partnership established between the United Negro College Fund and the University of Alaska higher education system to advance curriculum for minority-serving institutions. The UNCF will conduct research, train higher educational professionals in resource management, provide teacher training, and support mentor programs to improve educational opportunities and outcomes for minority and underrepresented populations.

The Committee notes that continuous curriculum development of information technology courses and resources improves student preparedness for the advanced technological needs of the workforce. The Committee is aware of the higher education community's commitment to this endeavor. The Western Governors University [WGU] is a degree-granting, internet-based institution of higher education offering distance learning to students who do not have the resources to travel and attend college away from their residences. The WGU currently serves nineteen states and territories of the United States and plans to enhance its library, information, and telecommunications systems. The Rural Education Technology Center at Western Montana College will work in cooperation with the Western Governors' Association by providing teacher education, instructional design, student support, and computer and connectivity assistance. It has been brought to the Committee's attention that the Central Oregon University Center in Bend, Oregon, is integrating computer technology to create "smart classrooms" to ensure that advanced equipment and resources reach its students and meet the demands of a high-technology workforce. The Committee acknowledges that for six years, the Central Oregon University Center has been a nationally proven leader in distance education, delivering more than 20 Master's and baccalaureate degree programs from nine public and private Oregon colleges and universities to 600 students in the 1998–1999 academic year.

The Committee commends the work of the Polytechnic Institute at Southeast Missouri State University, which will serve a 24-county area located in the Lower Mississippi Delta region. The Lower Mississippi Delta Development Commission has identified it as the poorest region in the United States, lagging in industrial development, having high dropout rates, and limited technical educational opportunities. The Southeast Missouri State University's planned technical education center is serving as a regional staging point for the coordinated delivery of technical education in cooperation with community colleges and vocational technical schools.

The University of North Carolina at Greensboro and the historically-black North Carolina Central University have formed a series of interrelated programs to improve the competitiveness of small and minority-owned businesses. Loyola University in Chicago is developing new multi-media computer centers which will offer professional development and computer science outreach to area high schools and community colleges.

The Committee is also aware of the comprehensive technology project being developed and implemented by the Fairbanks North Star Borough School District and the University of Alaska to provide technology training beginning in high school and finishing in a one to two year degree program to prepare students for existing and emerging jobs in the area. More than 900 young adults will be served by the project.

The Committee is encouraged by efforts to improve access to and availability of technology in rural areas. The Center for the Advancement of Distance Learning in Rural America is making progress in this area and can serve as a national model by applying its demonstration project which has connected rural Americans to new distance education and online technologies by incorporating career training and the best educational methods. A collaboration of three institutions in the state of Indiana is also working on a widespread technology program called DegreeLink to bring new educational opportunities to nontraditional adult students living in underserved parts of the state. Several community colleges throughout the state of Nebraska have collaborated to bring technology to rural residents through professional development and advanced computer linkages.

The North Dakota State University has been nationally recognized for its Technology-Based Industry Traineeship and intends to expand its program to establish a new center available to students from all of the State's institutions of higher education for traineeships with area businesses. It has been brought to the Committee's attention that the Dakota Wesleyan University has begun to develop an advanced telecommunications system to provide library services for faculty development, student support and an overall resource for community residents. The University of South Carolina-Spartanburg has also begun expanding its library services for faculty and students as well as the regional business community through state-of-the-art telecommunications. Innovative information services would include information literacy training, access to information resources and research assistance for technical and management needs. The State of Vermont and the Chancellor of State Colleges has initiated a program to link Vermont's network

of two and four colleges with distance learning classrooms. Since residents of the state attending 2-year community colleges are unable financially to travel the distance to one of the 4-year colleges, the network will increase the number of graduates who pursue a Bachelor's degree. The Committee is aware of the Pennsylvania Telecommunications Exchange Network's (PETENET) efforts to implement a resource-sharing video conferencing network to provide educational resources throughout the state. PETENET will technologically link public elementary and secondary schools with institutions of higher education and other information-based organizations.

The Committee is also aware of the efforts on behalf of the Calhoun County Community College in the state of Alabama to provide 2-year college students with satellite communications, advanced video production capability, and other interactive distance educational services. Northern Kentucky University's Metropolitan Educational Training Services Center has joined forces with the private sector to provide timely and critically-needed educational programs to develop a qualified and flexible workforce for the area. The center will include classrooms with full multi-media capabilities that will be able to provide individuals with the necessary technical skills to meet the needs of the local economy.

The Committee commends the collaboration formed between the University of South Florida, Florida A&M University, and Florida International University to expand global access to higher education students through distance education technologies. The Committee is pleased with the collaboration the Concord College in the state of West Virginia has formed with the higher education community and local elementary and secondary schools to develop an innovative program designed to better equip new teachers with the technical skills essential for the utilization of information technologies in the classroom. The program will use campus-based and distance education to train teachers, placing a special emphasis on math and science instruction.

It has been brought to the Committee's attention that the Association of Vermont Independent Colleges has proposed a model program for implementing a consortium approach to identifying, developing, evaluating and applying Internet technologies and education software to the needs of students and educators in Vermont's independent colleges and universities.

The Southeastern Pennsylvania Consortium for Higher Education, which is composed of eight small colleges, is developing the Institute for Lifelong Learning, which is designed to prepare faculty and students for a technology-based future. The new institute will actively promote opportunities for faculty to modify their teaching methods through the use of technology with the goal to provide outreach to and training for K-12 teachers in the Greater Philadelphia area.

The Committee is also aware that institutions of higher education need to improve their retention rates, especially for minority and low-income students who are often first-generation college students or may have received inadequate college preparation in high school. The Committee recognizes Columbia College in downtown Chicago for its efforts in establishing a Coordinated Freshman Re-

tention Program to better retain and ultimately graduate its students and improve the ways in which freshman are integrated into the collegiate community.

The Committee recognizes the direct correlation between teacher quality and student achievement and therefore encourages professional and curriculum development to instruct students in emerging fields of study and to better prepare them for novel career opportunities in the 21st century workforce. The Committee is aware that these fast-growing disciplines may include health professions, legal and paralegal studies and conflict management. The Committee recognizes the Northwestern School of Law for its response to the victims' rights movement by establishing a one-of-a-kind Crime Victim Law Institute, which will not only promote education about victims' rights in law school curricula, but will provide the first comprehensive collection of victim material, historical documents, and state statutes available to the public. In response to the increased demands for quality and the improved availability of child care, the Texas A&M University in Corpus Christi is developing an early childhood center that will simultaneously provide services and train early childhood professionals. This comprehensive center will include teacher resource and literacy centers to serve as a hub for professionals and all interested community members to access instructional and other staff development materials.

The Committee is aware that the National Association for Equal Opportunity in Higher Education is establishing an Historically Black Colleges and Universities Technical Assistance and Resource Center to disseminate best practices information on the most cost-effective use of Title III funding, reducing student loan default rates, increasing graduation rates, and grant writing.

The Committee recognizes the development of a technology proficiency component for state teacher certification programs, especially for states where distance learning is utilized. Such a program should lead to preservice competence in areas such as distance learning, instructional television, web-based and multimedia instruction. The Utah Education Network is conducting such a project.

The Committee recognizes that Portland State University and Clackamas Community College has developed an innovative undergraduate partnership project to demonstrate effective approaches to connecting community colleges to 4-year institutions through a cooperative curriculum, shared student services, and faculty collaborations.

The Great Cities Universities Teacher Preparation Initiative and the Great Cities' Universities Evaluation is conducting a program to develop a standard based, urban oriented pre-service and in-service training program for teachers with an emphasis on science, math and technology.

Minority science and engineering improvement

The Committee recommends \$7,500,000 for the minority science and engineering improvement program [MSEIP], the same as the 1999 level and \$1,000,000 below the administration request. This program provides discretionary grants to institutions with minority

enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

International education and foreign language studies

The bill includes a total of \$69,022,000 for international education programs, \$1,486,000 above the 1999 level and the same as the budget request.

Domestic programs.—The Committee recommends \$61,320,000 for domestic program activities related to international education and foreign language studies, including international business education, under title VI of the HEA, \$1,320,000 more than the 1999 appropriation and the same as the administration request. Domestic programs include national resource centers, undergraduate international studies and foreign language programs, international research and studies projects, international business education projects and centers, American overseas research centers, language resource centers, foreign language and area studies fellowships, and technological innovation and cooperation for foreign information access.

Overseas programs.—The bill includes \$6,680,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961, popularly known as the Fulbright-Hays Act. This is \$144,000 above the 1999 level and the same as the budget request. Under these overseas programs, grants are provided for group and faculty research projects abroad, doctoral dissertation research abroad, and special bilateral projects. Unlike other programs authorized by the Fulbright-Hays Act and administered by the U.S. Information Agency, these Department of Education programs focus on training American instructors and students in order to improve foreign language and area studies education in the United States.

Institute for International Public Policy.—The Committee bill recommends \$1,022,000 for the Institute for International Public Policy. This is \$22,000 above the 1999 level and the same as the budget request. This program is designed to increase the number of minority individuals in foreign service and related careers by providing a grant to a consortium of institutions for undergraduate and graduate level foreign language and international studies. An institutional match of 50 percent is required.

Urban community service

The Committee recommendation does not include funds for this program, which is consistent with the administration request and \$4,637,000 less than the fiscal year 1999 level. Fiscal year 1999 funding was sufficient to complete the last year of activities for the program's grantees. Funds were used to provide grants to urban universities or consortia of universities to help urban areas solve local community problems. Resources were not requested or provided in fiscal year 2000, because the program's objective is more appropriately addressed by other Federal, State and local activities.

Interest subsidy grants

The Committee recommends \$12,000,000 for interest subsidy grants, the same as the administration request and \$1,000,000 less than the 1999 level. This appropriation is required to meet the Federal commitment to pay interest subsidies on approximately 202 loans made in past years for constructing, renovating, and equipping postsecondary academic facilities. No new interest subsidy commitments have been entered into since 1973 but subsidy payments on existing loans are expected to continue until the year 2013.

Federal TRIO programs

The Committee bill includes \$630,000,000 for Federal TRIO programs, an increase of \$30,000,000 above the fiscal year 1999 appropriation and the same as the administration request.

TRIO programs provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students: Upward Bound offers disadvantaged high school students academic services to develop the skills and motivation needed to continue their education; student support services provides remedial instruction and counseling to disadvantaged college students to help them complete their postsecondary education; talent search identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; educational opportunity centers provide information and counseling on available financial and academic assistance to adults who are low-income and first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in graduate programs.

The Committee notes that the recent study of the Student Support Services Program commissioned by the Department of Education indicated that students served by the TRIO Program had higher retention rates in colleges, and earned better grades and more academic credits; and that these successes were most evident where the intensity of services were highest. A similar study of the Upward Bound Program found that participating students completed a much more intensive academic program in high school.

Gaining Early Awareness and Readiness For Undergraduate Programs [GEAR UP]

The Higher Education Amendments of 1998 established the GEAR UP program.

The Committee recommends \$180,000,000, \$60,000,000 more than the amount provided as initial funding in fiscal year 1999. The administration requested \$240,000,000 for this program. Under this program funds would be used to assist middle schools serving a high percentage of low-income students and the high schools that these students would later attend. Services provided would help students to prepare for and pursue a postsecondary education.

Byrd honors scholarships

The Committee recommends \$39,859,000 for the Byrd honors scholarship program, \$571,000 more than the 1999 appropriation and the same as the budget request.

The Byrd honors scholarship program is designed to promote student excellence and achievement and to recognize exceptionally able students who show promise of continued excellence. Funds are allocated to State education agencies based on each State's school-aged population. The State education agencies select the recipients of the scholarships in consultation with school administrators, teachers, counselors, and parents. The funds provided will support a new cohort of first-year students in 2000, and continue support for the 1997, 1998, and 1999 cohorts of students in their fourth, third and second years of study, respectively. The amount recommended will provide scholarships of \$1,500 to 26,572 students.

Graduate assistance in areas of national need [GAANN]

The Committee recommends \$51,000,000 for graduate assistance in areas of national need, \$20,000,000 more than the 1999 level and \$10,000,000 more than the request. This program awards competitive grants to graduate academic departments and programs for fellowship support in areas of national need as determined by the Secretary. The program is currently supporting study in mathematics, physics, biology, chemistry, engineering, geology and related sciences and computer and information sciences. Recipients must demonstrate financial need and academic excellence, and seek the highest degree in their fields.

Within this amount, the Committee provides \$10,000,000 to fund the Javits fellowships under the GAANN program. The Javits program is of particular importance as a mechanism for supporting America's next generation of leaders in the arts, humanities, and social sciences. The Committee has consolidated funding within GAANN to streamline programs.

Learning anytime anywhere partnerships

The Committee recommends \$10,000,000 for the learning anytime anywhere partnerships (LAAP), the same as the fiscal year 1999 level. The administration requested \$20,000,000 for this program. Funds support projects using technology and other innovations to enhance the delivery of postsecondary education and life-long learning opportunities.

LAAP will develop an on-line internet based university curriculum for learners of all ages, create and assess appropriate teaching methodologies for distance learning, develop an appropriate method for testing the knowledge of students who learn through distance education, and create a computerized assessment method for this and other learning models. The partnership will consist of universities, community colleges, secondary schools, NASA, and may include private companies and other community based groups. The Committee is interested in the on-going research of the computer science department at the University of Mississippi in the area of nontraditional distance learning and innovative on-line assessment of skills and knowledge of any student.

Teacher quality enhancement grants

The Committee recommends \$80,000,000 for the teacher quality enhancement grants program, \$35,000,000 below the budget request. The fiscal year 1999 appropriation provided one-year funding in the amount of \$2,212,000 for the now-replaced Minority Teacher Recruitment Program, in addition to \$75,000,000 for the broader and newly authorized Teacher Quality Enhancement Grants Program through the Higher Education Amendments of 1998. The program was established to support statewide initiatives that best meet their specific teacher preparation and recruitment needs. Further, the Act provides and designates funding for the program in three focus areas: 45 percent of resources support a state grant program, 45 percent of funds are used for a partnership program, and 10 percent is designated for a recruitment grant program.

Within this amount, the Committee recommends \$36,000,000 for the state grant program. Funds may be used for a variety of state-level reforms, including more rigorous teacher certification and licensure requirements; provision of high-quality alternative routes to certification; development of systems to reward high-performing teachers and principals; and development of efforts to reduce the shortage of qualified teachers in high-poverty areas.

The Committee also recommends that \$36,000,000 shall be used for the teacher training partnership grants, which are awarded to local partnerships comprised of at least one school of arts and science, one school or program of education, a local education agency, and a K-12 school.

Within this amount, the Committee has provided sufficient funds to include teacher partnership grant activities as part of the Youth Violence Prevention Initiative. Funds will be expended to prepare new and existing teachers to identify students who are having difficulty adapting to the school environment and may be at-risk of violent behavior. Funds should also be used to train teachers on how to detect, manage, and monitor the warning signs of potentially destructive behavior in their classrooms.

Partnerships may work with other entities, with those involving businesses receiving priority consideration. Partnerships are eligible to receive a one-time-only grant to encourage reform and improvement at the local level. Funds may be used for a variety of activities designed to improve teacher preparation and performance, including efforts to provide increased academic study in a proposed teaching specialty area; to prepare teachers to use technology effectively in the classroom; to provide preservice clinical experiences; and to integrate reliable research-based teaching methods into the curriculum.

The Committee is concerned that Hawaiian students are significantly behind in quantitative literacy and encourages the Department to promote teacher training in this area. The Committee is aware that the Hawaii State Department of Education, the American Statistical Association and the Kamehameha school district have collaborated to design and implement workshops for teachers in quantitative literacy.

The Committee recommends \$8,000,000 for the teacher recruitment grants. The recruitment grant program supports efforts to re-

duce shortages of qualified teachers in high-need school districts as well as provide assistance for high-quality teacher preparation and induction programs to meet the specific educational needs of the local area.

The Committee recognizes the urgent need for teachers in school districts that are plagued with crime, poverty, drugs and other social ills that seriously impede educational opportunities for the children of this nation. The Mississippi Delta Education Initiative of Delta State University has been brought to the Committee's attention. This teacher quality project is designed to meet the critical needs of the region and pursue the overarching goals of the Teacher Quality Enhancement Grant program. The University of Notre Dame is also recognized for its national program which brings highly motivated and committed young educators to meet the needs of our country's most underserved public elementary and secondary schools. The innovative Soldiers to Scholars Program, implemented by the University of Central Florida, has also been brought to the Committee's attention. This program focuses on the recruitment of minorities ending their military careers who wish to become teachers, serve in the inner city, and volunteer an additional 20 hours per week as role models for at-risk youth. The Loyola University of Chicago is designing an intensive 4-year teacher preparation and recruitment program to attract undergraduate and inner-city students who are committed to teaching in the Chicago public school system. New teacher candidates would also be placed in outlying rural areas.

Child care means parents in schools

The Committee recommends an appropriation of \$5,000,000 for the Child Care Access Means Parents in School (CAMPUS) program, which is the same as the 1999 appropriation and the budget request. This program was established in the Higher Education Amendments of 1998 to support the efforts of a growing number of non-traditional students who are struggling to complete their college degrees at the same time they take care of their children. For these student-parents, finding appropriate, affordable child care is a major barrier to higher education. Not surprisingly, studies indicate that access to campus-based child care increases the educational and occupational success of student-parents. It is estimated that the 2,500 campus-based child care centers across the country only meet 10 to 25 percent of the demand for services. The CAMPUS program provides colleges serving low-income students with grants to develop and improve campus-based child care programs targeted at meeting the needs of low-income students. While the fiscal year 1999 appropriation is expected to support 40 projects, 215 colleges and universities applied for assistance under the CAMPUS grants program.

Demonstration projects to ensure quality higher education for students with disabilities

The Committee recommends \$5,000,000 for this program, the same as the budget request and the fiscal year 1999 appropriation. This program's purpose is to ensure that students with disabilities receive a high-quality postsecondary education. Grants are made to

support model demonstration projects that provide technical assistance and professional development activities for faculty and administrators in institutions of higher education.

Underground railroad program

The Committee recommends \$1,750,000, the same as the budget request and the fiscal year 1999 appropriation. The program was newly authorized by the Higher Education Amendments Act of 1998 and was funded for the first time in fiscal year 1999. Grants are provided to research, display, interpret, and collect artifacts relating to the history of the underground railroad. Educational organizations receiving funds must demonstrate substantial private support through a public-private partnership, create an endowment fund that provides for ongoing operation of the facility, and establish a network of satellite centers throughout the United States to share information and teach people about the significance of the underground railroad in American history.

Preparing for College

The Committee defers action on the new Preparing for College Program, pending enactment of authorizing legislation. The administration requested \$15,000,000 for this purpose. The Department planned to use these funds to develop and disseminate information about college and increase college awareness among middle and high school students in high-poverty areas and adults who want to continue their education.

College Completion Challenge Grants

The Committee has deferred action on the new College Completion Challenge Grants Program, pending enactment of authorizing legislation. The administration requested \$35,000,000 for this purpose. The administration proposed to establish an experimental new program that would provide discretionary grants to institutions of higher education to help increase the retention of students who are at risk of dropping out.

District of Columbia Resident Tuition Support

The Committee recommends no funds for the District of Columbia Resident Tuition Support Program. The Committee recognizes this request to be within the jurisdiction of the Subcommittee on the District of Columbia. The administration requested \$17,000,000 to make up the difference for the cost of out-of-state tuition for District of Columbia high school graduates attending school in a Virginia or Maryland public institution of higher education.

Higher Education Act Program Evaluation

The Committee recommends no funds for the Government Performance and Results Act data collection for Higher Education Act Program Evaluation program. No authorization exists for this program. The administration requested \$4,000,000 for this purpose. No funds were appropriated in fiscal year 1999. The administration requested these additional funds to comply with the Government Performance and Results Act, which requires the collection of data

and evaluation of Higher Education programs and the performance of recipients of Higher Education funds.

HOWARD UNIVERSITY

Appropriations, 1999	\$214,489,000
Budget estimate, 2000	219,444,000
Committee recommendation	219,444,000

The Committee recommends an appropriation of \$219,444,000 for Howard University, which is the same as the budget request and an increase of \$4,955,000 over the fiscal year 1999 appropriation. Howard University is located in the District of Columbia and offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital, which provides both inpatient and outpatient care, as well as training in the health professions. Federal funds from this account support about 54 percent of the university's projected educational and general expenditures, excluding the hospital. The Committee agrees with the administration and recommends, within the funds provided, \$3,530,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee recommends \$30,374,000 for the Howard University Hospital, the same as the budget request and \$885,000 above the fiscal year 1999 level. The hospital serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university that trains physicians in 17 specialty areas. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS

Appropriations, 1999	\$698,000
Budget estimate, 2000	737,000
Committee recommendation	737,000

Federal administration.—The Committee bill includes \$737,000 for Federal administration of the CHAFL program, \$39,000 above the 1999 level and the same as the administration request.

These funds will be used to reimburse the Department for expenses incurred in managing the existing CHAFL loan portfolio during fiscal year 2000. These expenses include salaries and benefits, travel, printing, contracts (including contracted loan servicing activities), and other expenses directly related to the administration of the CHAFL Program.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM

Appropriations, 1999	\$96,000
Budget estimate, 2000	207,000
Committee recommendation	207,000

Federal administration.—The Committee recommends \$207,000 for Federal administration of the Historically Black College and University [HBCU] Capital Financing Program, the same as the administration request and an increase of \$111,000 above the 1999 level.

The HBCU Capital Financing Program makes capital available to HBCU's for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Appropriations, 1999	\$456,867,000
Budget estimate, 2000	540,282,000
Committee recommendation	468,867,000

The bill includes \$468,867,000 for educational research, statistics, assessment, and improvement programs. This amount is \$12,000,000 above the 1999 appropriation and \$71,415,000 below the administration request. This account supports education research, statistics, and assessment activities, as well as a variety of other discretionary programs for educational improvement.

Research, development, and dissemination

The Committee recommends \$82,567,000 for educational research and national dissemination activities, the same as the 1999 appropriation level and \$50,715,000 below the budget request. The Committee has also included \$65,000,000 for regional educational laboratories, the same as the administration request and \$4,000,000 above the 1999 appropriation. These activities are administered by the Office of Educational Research and Improvement [OERI], which was reauthorized by the Educational Research, Development, Dissemination, and Improvement Act of 1994.

These funds support research, development, dissemination, and technical assistance activities which are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education.

Statistics

The Committee recommends \$70,000,000 for data gathering and statistical analysis activities of the National Center for Education Statistics [NCES], \$2,000,000 above the fiscal year 1999 appropriation and a decrease of \$7,500,000 below the administration request.

NCES collects, analyzes, and reports statistics on education in the United States. Activities are carried out directly and through grants and contracts. The Center collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. Technical assistance to State and local education agencies and postsecondary institutions is also provided by the Center.

Assessment

The Committee recommends \$40,500,000 for assessment, \$500,000 above the amount appropriated in fiscal year 1999 and \$4,000,000 below the administration request.

The National Center for Education Statistics uses these funds to administer the national assessment of educational progress [NAEP], a 20-year-old congressionally mandated assessment created to measure the educational achievement of American stu-

dents. The primary goal of NAEP is to determine and report the status and trends over time in educational achievement, subject by subject. NAEP has been expanded in recent years to include State representative assessments as well.

Also included is \$4,500,000 for the National Assessment Governing Board, the same amount as the administration request and \$500,000 above the fiscal year 1999 appropriation.

Fund for the improvement of education

The Committee bill provides \$139,500,000 for the fund for the improvement of education [FIE], which is \$500,000 above the 1999 appropriation and the same as the administration request. This program provides the Secretary with broad authority to support nationally significant programs and projects to improve the quality of education, help all students meet high academic standards, and contribute to the achievement of the national education goals. The statute also authorizes support for specific activities, such as counseling and mentoring, comprehensive health education, and environmental education.

Within the amounts provided, the Committee has included \$1,500,000 to continue the violence prevention initiative begun in fiscal year 1999, an increase of \$500,000. The Committee encourages that funds be used to conduct a five State violence prevention demonstration program on public and private elementary, middle, and secondary schools involving students, parents, community leaders, volunteers, and public and private sector agencies, such as law enforcement, courts, bar associations, and community based organizations.

The Committee recognizes that the Postsecondary Education Quick Information System was established to collect timely data on focused issues needed for program planning and policy development. The Committee urges the Department to use this system to gather data to better understand the needs of institutions so that effective educational programs can be introduced to address student gambling problems.

Within the amount recommended, the Committee includes sufficient funds for the Elementary School Counseling Demonstration Program to establish or expand counseling programs in elementary schools as part of the Youth Violence Prevention Initiative. The Committee is concerned about the inaccessibility of school counselors for young children. Many students who are having a difficult time handling the pressures of social and academic demands could benefit from having mental health care readily available. The Committee believes that increasing the visibility of mental health care professionals would legitimize their role as part of the school's administrative framework, thereby, encouraging students to seek assistance before resorting to violence.

The Committee encourages the Secretary of Education to establish a national clearinghouse on effective school dropout prevention, intervention and reentry programs. The clearinghouse will collect and disseminate to educators, parents, and policy makers information on research, effective programs, best practices, and available Federal resources with respect to school dropout prevention, intervention and reentry programs, and provide technical assistance re-

garding securing resources with respect to, and designing and implementing, effective and comprehensive school dropout prevention, intervention and reentry programs.

Within the amount recommended, the Committee has included \$10,300,000 for character education partnership grants, the same amount requested by the administration. Of that amount, the Committee recommends \$4,000,000 be designated to conduct activities as part of the Youth Violence Prevention Initiative. The funds will be used to encourage states and school districts to develop pilot projects that promote strong character, which is fundamental to violence prevention. Character education programs should be designed to equip young individuals with a greater sense of responsibility, respect, trustworthiness, caring, civic virtue, citizenship, justice and fairness, and a better understanding of the consequences of their actions and the effects they may impose on family and society.

The Committee acknowledges that school districts nationwide are striving to end the social promotion of students into higher grade levels when they lack the appropriate skills. Thus, the demand for emergency and supplemental educational services to assist academically struggling students has increased. It has been brought to the Committee's attention that Southwest Texas State University is establishing a National Center for School Improvement to train elementary school teachers to provide tutorial and mentoring programs for students in low-performing and failing school systems.

The Committee has included sufficient funds to continue and expand the Student/Parent Mock Election, a national, nonpartisan organization noted for its achievements in promoting voter education activities for students and their parents. In 1996, 6 million students and parents participated in the Presidential Mock Election, and with more than 70 million youths in our country today, the Mock Election of 2000 has the potential to engage more youth in the political process than any time in the program's history.

The Committee is encouraged by the continued development of the National Constitution Center. Funds will support the design, planning and operation of the center, which is incorporated by the National Park Service as a part of the Independence National Historical Park.

The Committee urges the Department to provide sufficient funds for scholar-athlete competitions.

The Committee encourages the use of diverse and innovative resources to enhance children's educational experiences such as lessons that go beyond the classroom and allow students to learn about subjects through first-hand experiences. The Indianola School District along with the Delta State University is creating a program that will utilize all existing medical and service agencies and nationally acclaimed experts to work with community and educational leaders to create equitable opportunities for all children, beginning at birth, to develop at rates which will enable them to function at comparable levels upon entering school and throughout their academic career. The "Pathways to Freedom" program of the Rosa and Raymond Parks Institute for Self-Development exemplifies innovation by teaming young people with elderly Americans to learn about the civil rights movement.

The Trexler-Lehigh Game Preserve, and educational institution dedicated to the conservation and study of wildlife and nature, has partnered with the Pennsylvania Department of Education, school districts throughout 13 counties, and higher education institutions to utilize the 1,200 acre site as a living and environmental classroom that will provide hands-on learning to improve student performance in all curricula subjects. The Preserve is developing a unique educational model for using the environment as an integrated context for learning, which will align with the new State education standards for environmental science and ecology.

The Montana State University is developing a series of virtual field trips for elementary and secondary students throughout the state by using video network technology which enables students in their classrooms to connect to multiple sites such as museums and institutes across the country. Lafayette College is establishing a community-based program in the visual arts. The program will offer junior high and high school students of the economically-distressed area of Easton, Pennsylvania, with workshops, classes, gallery exhibitions, and opportunities to interact with visiting artists and Lafayette faculty and students. The Virginia Living Museum in Newport News works with schools to meet state academic standards by providing students with a hands-on approach to science education.

The Council for Educational Advancement in St. Louis, Missouri has created the Econometrics Model for kindergartners through the twelfth grade which provides students with a quantitative and objective tool to analyze and make public policy decisions. The Save A Life Foundation in Chicago, Illinois provides a series of invaluable lessons for school children through its safety courses. The foundation brings firefighters, paramedics, police officers, and other expert rescue workers to classrooms to instruct children on life saving techniques.

In the state of Alaska, the Division of Historic Preservation, the state Department of Commerce, and public secondary schools have collaborated to supplement high school history curricula with new and enriching materials on the 1899 Harriman Alaska Expedition. The materials provided to teachers and students will include a internet-accessible site so that students can engage in interviews with project participants, a study guide, a documentary film, and a CD-ROM to compile the educational elements and interactive activities of the project.

The National Liberty Museum, the newest addition to the city of Philadelphia's Liberty Trail, is developing the Kids' Vote interactive exhibit to teach school children civics, history, and violence prevention. Twenty-first century technology will be used to engage students in the governmental and election process. The anti-violence gallery is designed to help children identify and channel aggression into civic responsibilities and activities.

The Committee notes that because of Alaska's immense size and lack of transportation, its urban residents rarely have an opportunity to visit and experience the culture that exists in most of its remote villages. A greater awareness and understanding by urban residents of the rural and Native way of life in some of the state's more than 200 villages will broaden the educational experiences for

the children of Alaska. The Committee commends the establishment of the Urban Rural Alaska Partnership Program, created by the Alaska Humanities Forum, which would take urban youth to rural villages. Prior to their departure, students and their parents would be exposed to a curriculum designed to teach the culture and challenges faced by rural residents.

The Committee notes the coordinated efforts of the cross-regional technology development LINKS Project (Linking Educational Technology and Educational Reform). The State of Washington, in collaboration with educational entities in the states of Arkansas, California, Illinois, and Pennsylvania, are establishing a multimedia network to improve student learning and achievement in the United States.

The Committee recognizes the Museums and Universities Supporting Educational Enrichment Inc., for its efficient introduction of technology to classrooms across the country through a traveling exposition which showcases high technology software and instructional programs for teachers, students and other sectors of the population.

The Committee recognizes that music and the arts provide a creative outlet for students, which can enhance their abilities in all academic fields. The Committee is discouraged to learn that performing arts programs have been significantly limited, if not eliminated, especially in financially ailing and overcrowded school districts. The Committee commends programs that give children the opportunity to experience the performing arts and preserve music and arts education. The Committee is aware that the Jazz-In-The-Schools Outreach Project in Philadelphia, Pennsylvania has responded to this need by engaging inner-city high school students in a hands-on program that uses jazz, as America's classic music, as a means to maintain student interest in academic subjects in the core curriculum. The Committee recognizes the Boston Music Education Collaborative for developing curricula that uses music to foster high levels of student academic achievement. For the past 14 years, the Rock School has provided community outreach to inner-city, at-risk, and developmentally disabled children with innovative arts education through an after school and summer program. The Committee commends its work in this area. The Rock School will be extending its outreach to disadvantaged children in the surrounding areas of Camden, New Jersey and Greater Philadelphia. The "From the Top" national radio program is expanding its program to bring talented children, their stories, and their musical performances to public radio. The program is designed to promote greater awareness of how music can catalyze young people to be creative and learn. The program is also developing an internet site so that students, parents, and teachers may benefit from a full array of information and resources on music education.

The Committee is concerned about the lack of progress made in the area of preventing students from dropping out of high school and is particularly troubled by the unchanged dropout rates among certain ethnic and racial groups over the past twenty years. Educational opportunities continue to lag for young Hispanic Americans, especially in the areas of literacy and high school retention. It has been brought to the Committee's attention that the National

Council of La Raza is conducting an initiative to replicate successful community-based approaches to improving the academic achievement of Hispanic children from early childhood through college. The New Mexico Department of Education has developed a nationally recognized program for dropout prevention which entails accountability and high standards for all schools through a reward and incentive initiative.

The Committee is also aware of the Puerto Rico/New York City Educational Linkages Demonstration Project which implements effective educational models in Hispanic communities and school districts with significant concentrations of Puerto Rican students.

The Committee supports efforts to encourage parental involvement and adult mentoring, which have proven to play a key role in a child's scholastic achievement and emotional growth. Connecting caring, positive role models with young people at school has been especially effective in improving attendance, enhancing academic performance, and reducing the influence of peer pressure and the incidence of high-risk behavior, and motivating children to attend college and pursue professional careers.

Big Brothers/Big Sisters of Siouxland, Iowa is planning to implement such a program throughout 54 counties in Iowa, Nebraska, South Dakota, and Minnesota. A survey sent to over 600 parents in one school district in one of these counties generated over 400 positive responses, indicating a tremendous need for mentoring programs to reach children in rural areas, who are at-risk of the universal problems facing youth today such as violence.

The Committee is aware of the efforts of the Allegheny County Family Support Centers, which have partnered with school districts, the Allegheny Intermediate Unit, neighborhood organizations, and local universities to provide coordinated services which help families succeed and stay together.

The "An Achievable Dream" project in the city of Newport News, Virginia has been a successful model in teaching positive life skills and raising academic performance of at-risk youth.

In the District of Columbia, Project 2000 provides homework assistance through peer tutoring in study halls five days a week, a Saturday Academy, and other support services for low-income and inner-city students. Project 2000 has attracted an overwhelming number of adult volunteers to serve as mentors and provide the supplementary educational services necessary to ensure that students graduate from high school at the appropriate age and meet the standards required for admission to college.

"Say YES To A Youngster's Future," implemented by the National Urban Coalition, is a large-scaled project that has also placed an intensified focus on our nation's inner cities. The project targets 25 cities with the highest African-American and Latino populations of elementary school children and provides teacher training and parental involvement activities to improve academic performance in science and mathematics.

The Kansas Mentoring Partnership, led by the Southeast Kansas Education Service Center in conjunction with Big Brothers/Big Sisters of Kansas and Youthfriends Kansas is expanding its mentoring program on a statewide level to pursue the goals described above.

The Committee is also aware of the Urban College's efforts to improve academic programs through tutoring and mentoring for educationally disadvantaged students in Boston, Massachusetts. The City of Santa Ana has embarked on a career-centered mentoring project with the city school district, the University of California Institute School of Arts, and the Santa Ana Community College to introduce students (grades 2 through 12) to the career opportunities available to them in the technological art industry. The college student participants will mentor the school-age children in the field of art technology.

The Committee also notes an innovative project in Smithfield, Rhode Island, the Linking International Trade Education Program [LITE] at Bryant College which provides a stimulating way for elementary and secondary students to learn about trade and economics and increase their global awareness through mentoring and the use of interactive video conferencing and an international trade database. The Committee is encouraged by the national effort of Big Brothers/Big Sisters Of America to assist organizations in the implementation of a school-based mentoring program to be replicated throughout the United States. The Committee is also aware of the Big Brother/Big Sisters Marin Chapter's efforts to expand its services to at-risk youth in the city of San Francisco.

The Committee recognizes the Milton S. Eisenhower Foundation for its scientific evaluation of public schools which have established partnerships with local health, social service, and other community agencies to meet the myriad needs of children and their families. The study will specifically evaluate and replicate full community school programs that emphasize the school as the central point of the community, particularly schools which have extended hours and remain open on the weekends and the summer.

The Committee is committed to ensuring that an appropriate and high quality education is available to all children, including children with disabilities. Recent research by the National Institutes of Health suggests that reading difficulties which are often manifestations of learning disabilities are treatable, and most important, preventable in a large portion of the population. The Committee recognizes the unique and progressive work of the University of Southern Mississippi's Center for Literacy and Assessment. For over 30 years, this center has served as the South's only comprehensive resource for reading disabled students. The National Reading Panel is currently assessing and establishing a measurable evaluation of research based practices in the teaching of reading. In providing Federal assistance to broaden the scope of the Southern Mississippi's Center for Literacy and Assessment to a national level, the Center will use the information provided by the National Reading Panel. The Center will also increase its research dissemination, teacher and parent training, development of replicable models for reading assessment and intervention. It has also been brought to the Committee's attention that the University of Northern Iowa is improving the delivery of educational services through the establishment of a National Institute of Technology for Inclusive Education to disseminate adaptive technologies to enable the integration of disabled students with their peers in general educational settings. The Minot State University is developing an

Institute for Rural Human Services to study and develop systems designed to meet the unique needs of persons with disabilities living in rural communities, with a special emphasis on working with hearing-impaired children who live in remote areas.

It has been brought to the Committee's attention that the availability of research findings, data collection, and therefore, the evaluation and information-sharing of successful student academic achievement models is limited. The University of Notre Dame is establishing a research center for a standard assessment of the practices and policies of schools in the nation in order to replicate programs that have proven to enhance the academic performance of disadvantaged students. The National Four-H Council has partnered with the Washington State Office of the Superintendent of Public Instruction to increase the instances of meaningful youth involvement in local schools and communities. The partnership will provide information and training on the best practices of engaging youth as partners in their education and community. The Committee recognizes the University of Maryland's Center for Quality and Productivity, for its development of a model to link the Blue Ribbon Schools Initiative with the Malcolm Baldrige Criteria for Performance Excellence, an evaluation methodology used in the business world to enhance competitiveness. The University is developing this model to accelerate rates of student achievement, improve education management within school systems, and to foster business-education partnerships throughout the community.

The Committee is troubled by the low literacy skills that continue to challenge and often discourage American youth from continuing their education, which ultimately prevents them from entering productive and gainful employment in their older years. It has been brought to the Committee's attention that the state of Alaska expects that fewer than 50 percent of its students will pass the graduation qualifying exam. The Committee is encouraged by the Alaska Department of Education's committed response to this problem by providing an intense summer reading program for high school students to graduate on time and with their classmates.

The Committee is aware of the benefits of peer tutoring in the area of literacy. The Committee is encouraged that teachers and students have come together to design the Reading Together USA tutoring program to improve reading fluency and comprehension skills before a pattern of continued long-term failure is established, and identify as well as eliminate the gap between students with reading problems and skilled readers. The Reading Together USA project has been training fifth grade tutors to assist second grade students to improve their reading skills and ultimately read independently.

The Committee commends the Reach Out and Read program which has identified a unique way to promote literacy and increase health awareness for at-risk families. ROR programs are now operating in 46 states and serve nearly one million children per year. The program is seeking to expand its services which allow doctors and nurses, during health care visits, to provide books and talk with parents about the benefits of reading to their children at a young age.

The Committee recognizes that there continues to be a gap in the reading and writing scores of African American students and other student populations. According to research at the University of Pennsylvania, no matter what teaching methods are used and even when minority children from inner cities begin school at the same level as others, reading scores continue to lag until graduation. The Committee commends the work of the University of Pennsylvania in finding ways to successfully teach reading skills. The Committee is aware that the University has collaborated with the Oakland School District and Stanford University in California to conclude its efforts in raising literacy scores for African American students in grades two to five. The Collaboration has set out to expand vocabulary, teach standard English grammar, bring teachers into the research framework, and enlist parental support for reading. The Committee is aware of Howard University's interest in reestablishing their gifted and exceptional minority student program to improve the academic skills of elementary and secondary school-age children.

The Committee is encouraged by the Partners for Literacy demonstration project in Columbia, South Carolina, which aims to promote reading and writing proficiency among children from a wide range of socioeconomic levels, including at-risk, low-income children, who speak English as a second language. The literacy project uses long-range strategies of ongoing professional development and parent education that improves the understanding of child literacy development among the adults who care for, and teach infants, toddlers, and preschoolers, including school personnel, child caregivers, and family members.

The New England Regional Center in Learning and Literacy is responding to the alarming numbers of students who experience difficulties in comprehending basic textbook instructions. The center has partnered with a national reading research institution and the Universities of Connecticut and Rhode Island to develop a model of life-long reading skills beginning in kindergarten through higher education, which will provide a training ground for school teachers.

The Committee is aware of the various ways in which schools of government can contribute to all levels of education from teaching elementary students about the history of our country to encouraging high school and college students to enter public service. The University of Tennessee is establishing the Howard Baker School of Government, which will consolidate the existing political and social science, public administration and regional planning programs, house manuscript collections of public figures, and offer a lecture series on public issues. The University of Washington's Daniel J. Evans School of Public Administration has educated 1500 graduates and numerous Northwest leaders and plans to expand its programs to include experiential studies in public and private problem solving partnerships and specialized research in fiscal policymaking. The Snelling Center for Government has developed a model program known as the Vermont School Leadership Project that brings educators and business leaders together to improve the delivery of education and is now expanding its programs to provide leadership training to superintendents and principals as well as

teachers. The University of Virginia's Center for Governmental Studies is conducting a Youth Leadership Initiative to assess the problems facing today's political system, improve student knowledge and awareness of the governmental system, and encourage voter turnout and political participation. The Thomas S. Foley Institute at Washington State University, which was established in 1995, fosters civic education through lessons on the role of Congress and the legislative process, public policy research, and public service. The Institute is expanding its programs to increase public access to the Foley congressional papers and enhance policy research in areas such as international trade and agriculture; develop programs to improve voter literacy; and help communities and tribes with local environmental problem solving. The Ohio State University plans to establish the John Glenn Institute for Public Service and Public Policy to promote interest in public service and train students to develop skills needed for success in public service. The Institute will provide seminars on topics like budgeting and finance, ethics, personnel management, policy evaluations, and regulatory issues as well as national conferences, publications, and forums on public issues.

The Committee is concerned about the lack of high quality early childhood education programs that provide a jump start on education for all children in an integrated setting. The Committee is aware of the efforts to create such a facility in Waterloo, Iowa. In partnership with the Waterloo Community Schools, and with the help of private donations, University of Northern Iowa is creating a state of the art facility that provides early childhood services to all children and their families in Waterloo, and provides professional development for teachers across Iowa in early childhood education. This project could provide a model for collaborations between institutions of higher education and public school districts across the country.

The Committee has been informed that one-third of Louisiana's children face a high risk of poverty, illiteracy, incarceration, and premature death. The Committee recognizes the efforts of Steps to Success, a public-private collaborative program that is working to address the scholastic and social needs of these children and their families.

It has been brought to the Committee's attention that the Houston Public Library is developing the "After School Programs Inspire Reading Enrichment" [ASPIRE] which provides after-school programs at targeted branch libraries in low-income neighborhoods. The Committee is aware that the Learn to Earn program, a consortium composed by the Vermont Department of Education, regional development centers and high-tech companies, provides supplemental science and math educational services through early exposure and application, which help to foster future interest and achievement in these fields. The Committee is aware that Semos Unlimited, Inc., in the state of New Mexico, is coordinating an effort to preserve Hispanic culture by providing students with educational materials for the classroom and the public.

The Committee is concerned about the increasing rates of obesity among children as well as the overall lack of activity and physical fitness in today's lifestyle, which can lead to obesity and other

health risks. The Committee believes that the strengthening of physical education programs for elementary and secondary school students could improve academic achievement, prevent health problems, and deter children from crime. The Committee encourages the Department to demonstrate programs that reintroduce physical education into our nation's schools.

The Committee is aware of the development and implementation of the DOD and Labor Departments of "intelligent" computer learning systems developed at the Air Force Research Lab at Brooks Air Force Base, and encourages the Department of Education to explore that application and use of these systems in K-12 schools.

The Committee understands the importance of research analyzing globalization and its implications for U.S. interests, and the benefits that can be realized by making findings available to the nation's teachers. Through innovative uses of the Internet, this information can be disseminated to classrooms in a timely manner. The Committee is aware of the University of Hawaii's interest in conducting research and training on the international aspects of trade, commerce, technological development and trends affected by global change.

The Committee recognizes the innovative educational programs that the National Museum of Women in the Arts offers to residents of and visitors to our Nation's capitol. The Museum has utilized technology to improve access to and enhance quality of its programs. The Committee understands that the Museum will expand its "Discovering Art" program to elementary and secondary schools and other educational organizations.

It has been brought to the Committee's attention that a program to enhance educational opportunities for qualified resident student/athletes training at established United States Olympic Training or Education Centers would be useful. The project would make use of academic advising, counseling, tutoring, psychological, and distance learning services to support the special needs of these students, many of whom come from disadvantaged backgrounds and who compete in sports that commonly do not have college scholarship opportunities. The Committee is aware that the United States Olympic Education Center at Northern Michigan University has developed such a program.

The Committee is aware of MICROSOCIETY's work in providing a replicable, comprehensive school reform model. MICROSOCIETY is recognized through the Northwest Regional Educational Lab's Catalog of School Reform as a whole school reform model meeting the nine criteria establishing the Comprehensive School Reform Model Program.

The Committee recognizes the importance of the support and involvement of business with local school districts. The Committee is aware of a proposal by Partners in Education, which represents these business-school partnerships to conduct a survey of such programs throughout the country to enable other school districts to replicate successful partnerships with businesses.

International education exchange

The Committee has provided \$7,000,000 for the International Education Exchange Program authorized by section 601(c) of Public

Law 103–227. These funds are the same as the amount recommended by the administration and appropriated in fiscal year 1999. The program provides funds to support democracy and free market economies in Eastern Europe, the Commonwealth of Independent States, and other countries that formerly were part of the Soviet Union, by providing educators and other leaders from those countries curricula and teacher training programs in civic and economic education, as well as the opportunity to exchange ideas and experiences with teachers in the United States and other participating countries.

Included within this amount is \$1,000,000 to continue a civic education program begun in fiscal year 1999 for the Republic of Ireland and Northern Ireland and the civic education assistance programs in developing countries. The Committee also provides sufficient funds for the initiative underway in Bosnia-Herzegovina.

Civic education

The Committee recommends \$9,500,000 for the Center for Civic Education, \$2,000,000 more than in fiscal year 1999 and the same as the administration request. The Committee intends that the authorized programs be funded at least at the fiscal year 1999 level. This program provides a course of instruction at the elementary and secondary level on the basic principles of our constitutional democracy and the history of the Constitution and the Bill of Rights. Funds also may be used to provide advanced training for teachers concerning the Constitution and the Bill of Rights.

The Committee recognizes the need to update and convert materials used to educate middle and high school students about the United States Constitution and encourages the implementation of a CD-ROM interactive education program.

The Committee believes that students and teachers from tribally controlled schools should be actively involved in the We The People Program. The Committee recommends the distribution of textual materials to these schools, to train teachers from the tribally controlled schools, and to engage students in the We The People instructional program.

Eisenhower professional development Federal activities

The Committee recommends \$23,300,000 for the Eisenhower Professional Development Federal Activities Program, \$6,700,000 below the budget request and the same as the 1999 appropriation.

This program supports activities of national significance contributing to the development and implementation of high-quality professional development in the core academic subjects. Projects may include development of teacher training programs, or dissemination of information about exemplary programs of professional development.

The Committee has included \$18,500,000 for the National Board for Professional Teaching Standards, the same as the fiscal year 1999 appropriation and the administration request.

The Committee has included \$4,800,000 for the National Clearinghouse for Mathematics and Science Education, the same amount provided for this purpose in 1999. The clearinghouse maintains a permanent repository of mathematics and science education in-

instructional materials and programs for elementary and secondary schools; disseminates information, programs, and instructional materials to the public, information networks, and regional consortiums; and coordinates with existing data bases containing mathematics and science curriculum and instructional materials.

Eisenhower regional mathematics and science education consortia

The Committee has included \$15,000,000 for the Eisenhower regional mathematics and science education consortia, the same amount appropriated in fiscal year 1999 and \$2,500,000 below the amount recommended by the administration. This program supports grants to establish and operate regional consortia to disseminate exemplary mathematics and science instructional materials and provide technical assistance in the use of improved teaching methods and assessment tools to benefit elementary and secondary school students, teachers, and administrators.

Javits gifted and talented students education

The Committee has included \$6,500,000 for the Javits Gifted and Talented Students Education Program, the same amount recommended by the administration and the same amount as the fiscal year 1999 appropriation.

This program authorizes awards to State and local education agencies, institutions of higher education, and public and private agencies for research, demonstration, and training activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Priority is given to projects that identify and serve gifted and talented students who may not be identified and served through traditional assessment methods, including those who are economically disadvantaged or limited English proficient, or have disabilities. Some funds are set aside for a national center for research and development in the education of gifted and talented children and youth, which researches methods and techniques for identifying and teaching gifted and talented students.

National writing project

The Committee bill provides \$10,000,000 for the national writing project, an increase of \$3,000,000 above the 1999 appropriation and the same as the administration request.

These funds are awarded to the national writing project in Berkeley, CA, which in turn funds projects in 47 States to train teachers of all subjects how to teach effective writing.

The writing project is the only federally funded program for the teaching of writing skills at all grade levels. The additional funds provided will expand the sites from 160 to over 200, creating the ability to reach almost every teacher in the Nation. The Committee is pleased with the continued success of this program, and for its ability to leverage up to seven times its Federal appropriation from State, local, and private funds. The Committee encourages the Department to continue its close association with this project, and to use it as a model for teacher training initiatives in other disciplines, taking advantage of the infrastructure and network of facilities and personnel already in place.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 1999	\$364,521,000
Budget estimate, 2000	386,000,000
Committee recommendation	378,184,000

The Committee recommends \$378,184,000 for program administration, an increase of \$13,663,000 above the 1999 appropriation and \$7,816,000 below the budget request.

Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor approximately 170 Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this activity. Within the funds provided, the Committee encourages the Department to provide at least \$2,709,000 for the National Advisory Council on Indian Education.

OFFICE FOR CIVIL RIGHTS

Appropriations, 1999	\$66,000,000
Budget estimate, 2000	73,262,000
Committee recommendation	71,200,000

The Committee bill includes \$71,200,000 for the Office for Civil Rights [OCR], \$5,200,000 above the 1999 appropriation and \$2,062,000 below the budget request.

The Office for Civil Rights is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions funded by the Department of Education. To carry out this responsibility, OCR investigates and resolves discrimination complaints, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet civil rights requirements.

The Committee is concerned about the Department's interpretation and application of title IX of the 1972 Education Amendments Act with regard to same gender education programs. The Committee, therefore, urges the Department to review its regulations and policies to ensure that if funds are used for students to participate in any education reform projects that provide same gender schools or classrooms, comparable educational opportunities are offered for students of both sexes. The Committee further directs the Department to report to Congress within 90 days of enactment of this act on the actions taken on this issue.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1999	\$31,242,000
Budget estimate, 2000	34,000,000
Committee recommendation	34,000,000

The Committee recommends \$34,000,000 for the Office of the Inspector General, \$2,758,000 above the 1999 appropriation and the same as the administration request.

The Office of the Inspector General has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds, and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

The Committee bill contains language which has been included in the bill since 1974, prohibiting the use of funds for the transportation of students or teachers in order to overcome racial imbalance (sec. 301).

The Committee bill contains language included in the bill since 1977, prohibiting the transportation of students other than to the school nearest to the student's home (sec. 302).

The Committee bill contains language which has been included in the bill since 1980, prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools (sec. 303).

The Committee bill includes a provision giving the Secretary of Education authority to transfer up to 1 percent of any discretionary funds between appropriations (sec. 304).

The Committee bill includes language prohibiting the use of funds to field test, implement, or administer any federally sponsored national test (sec. 305).

TITLE IV—RELATED AGENCIES

ARMED FORCES RETIREMENT HOME BOARD

Appropriations, 1999	\$70,745,000
Budget estimate, 2000	68,295,000
Committee recommendation	

The Committee recommendation does not include resources for the Armed Forces Retirement Home Board. However, the Committee provided \$68,295,000 for the Armed Forces Retirement Home Board in the Department of Defense Appropriations Bill, 2000, S. 1122.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

DOMESTIC VOLUNTEER SERVICE PROGRAMS

Appropriations, 1999	\$276,839,000
Budget estimate, 2000	299,532,000
Committee recommendation	293,261,000

The Committee recommends an appropriation of \$293,261,000 for the domestic volunteer service programs of the Corporation for National and Community Service. The Committee recommendation is \$16,422,000 above the 1999 comparable level, including a one-time appropriation for year 2000 computer needs, and \$6,271,000 less than the budget request.

The Committee applauds the exemplary work of America's Promise led by retired General Colin Powell and his efforts to provide after school programs through Boys and Girls Clubs. The Committee notes that Boys and Girls Clubs are one of the most effective volunteer organizations in the country with the highest rate of volunteers in the nation. With 100,000 volunteers, it operates 2,300 clubs in all 50 states and serves 3 million at risk children, three-quarters of whom are from families with incomes below the poverty level. The goal of Boys and Girls Clubs is to serve 5 million of the nation's 14 million at risk children by the year 2006. The Committee notes that with additional resources, Boys and Girls Clubs could come close to meeting its goal. The Committee believes that increased support through the Corporation's volunteer programs could be provided to augment resources for Boys and Girls Clubs, recognizing that these clubs provide youth the opportunities for positive social and emotional development.

VISTA

The Committee bill provides \$81,000,000 for the Volunteers in Service to America [VISTA] Program, \$8,000,000 above the fiscal year 1999 level and the same amount as the budget request.

VISTA is a 30-year-old program which provides capacity building for small community-based organizations. VISTA volunteers raise

resources for local projects, recruit and organize volunteers, and establish and expand local community-based programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee bill provides \$183,132,000 for the National Senior Volunteer Corps programs, \$9,222,000 above the fiscal year 1999 level and \$1,900,000 less than the budget request.

The Committee has included \$3,100,000 for senior demonstration programs. The Committee has provided these resources solely for the purpose of continuing grants for existing demonstration activities and its recommendation does not include resources for any new grants or activities.

The Committee recognizes the valuable contributions of seniors participating in the Foster Grandparent (FGP), Retired and Senior Volunteer (RSVP) and Senior Companion Programs (SCP). In accordance with the Domestic Volunteer Service Act (DVSA), the Committee intends that one-third of each program's increase over the fiscal year 1999 level shall be used to fund Program of National Significance (PNS) expansion grants to allow existing FGP, RSVP and SCP programs to expand the number of volunteers serving in areas of critical need as identified by Congress in the DVSA. Within the appropriation, sufficient funding has been included to provide adequate resources for administrative cost increases realized by all current grantees in each DVSA program. Remaining funds should be used to begin new FGP, RSVP and SCP programs in geographic areas currently underserved. The Committee expects these projects to be awarded via a nationwide competition among potential community-based sponsors.

The Committee supports the Corporation's strategic goals, including one for meeting the unmet education, public safety, environmental and other human needs. In furtherance of this goal, the Committee believes the Corporation should not restrict the use of funding increases provided for the National Senior Service Corps to America Reads activities. Further, the Committee believes the Corporation should not stipulate a minimum or maximum amount for Programs of National Significance grant augmentations.

The Committee understands that many studies have shown that well-trained volunteer tutors can improve mastery of academic skills and that a large number of senior volunteers are available to be volunteer tutors of students. All school districts, and low-performing schools in particular, can benefit from a coordinated and comprehensive approach to volunteer tutor training. The Committee is aware that the Northwest Regional Educational Laboratory has a proven track record in designing and conducting training for individuals that train volunteer tutors in reading.

Foster Grandparent Program

The Committee recommends \$95,000,000 for the Foster Grandparent Program, \$1,744,000 above the fiscal year 1999 appropriations level and the same as the budget request.

This program provides volunteer opportunities to seniors age 60 and over who serve at-risk youth. This program involves seniors in their communities and provides a host of services to children.

Senior Companion Program

For the Senior Companion Program, the Committee bill includes \$39,031,000, an increase of \$2,458,000 over the fiscal year 1999 appropriations level and the same as the budget request.

This program enables senior citizens to provide personal assistance and companionship to adults with physical, mental, or emotional difficulties. Senior companions provide vital in-home services to elderly Americans who would otherwise have to enter nursing homes. The volunteers also provide respite care to relieve care givers.

Retired and Senior Volunteer Program

The Committee bill provides \$46,001,000 for the Retired and Senior Volunteer Program [RSVP], \$3,000,000 above the fiscal year 1999 level and the same as the budget request.

This program involves persons age 55 and over in volunteer opportunities in their communities.

Program support

The Committee bill includes \$29,129,000 for program support, the same amount as the fiscal year 1999 appropriation and \$4,371,000 less than the budget request.

CORPORATION FOR PUBLIC BROADCASTING

Appropriations, 2000	\$300,000,000
Appropriations, 2001	340,000,000
Budget estimate, 2002	350,000,000
Committee recommendation	350,000,000

The Committee recommends an appropriation of \$350,000,000 for the Corporation for Public Broadcasting [CPB], an advance appropriation for fiscal year 2002. This amount is \$10,000,000 more than the fiscal year 2001 appropriation and the same as the budget request.

The Committee is deeply concerned about the decisions made by certain public broadcasting stations to exchange membership lists with political organizations. These activities undermine the political neutrality of public broadcasting that the Congress envisioned when agreeing to funding for the Corporation for Public Broadcasting. The Committee, therefore, has included bill language prohibiting public broadcasting stations that receive any Federal funds provided in appropriations bills from exchanging member lists with political organizations.

This prohibition includes the, direct or indirect, selling or sharing of any current or former member or donor personal information to any political organization. Furthermore, the Committee has included bill language stipulating that public broadcasting stations that sell, share or transfer member or donor personal information to any political organization will be ineligible to receive Federal funds from the Corporation in fiscal years 2000 and 2001 and all subsequent appropriations. These prohibitions apply to both direct and indirect transfer, including the use of third party list brokers.

The Committee does not recommend any funds for the conversion to digital broadcasting. The recommendation is \$20,000,000 less

than the administration request for fiscal year 2000 and \$15,000,000 less than provided last year, contingent upon enactment of specific authorization.

FEDERAL MEDIATION AND CONCILIATION SERVICE

Appropriations, 1999	\$34,620,000
Budget estimate, 2000	36,834,000
Committee recommendation	36,834,000

The Committee recommends an appropriation of \$36,834,000 for the Federal Mediation and Conciliation Service [FMCS] \$2,214,000 above the fiscal year 1999 appropriation and the same as the budget request.

The FMCS was established by Congress in 1947 to provide mediation, conciliation, and arbitration services to labor and management. FMCS is authorized to provide dispute resolution consultation and training to all Federal agencies.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1999	\$6,060,000
Budget estimate, 2000	6,159,000
Committee recommendation	6,159,000

The Committee recommends an appropriation of \$6,159,000 for the Federal Mine Safety and Health Review Commission, an increase of \$99,000 over the fiscal year 1999 appropriation and the same as the budget request.

The Federal Mine Safety and Health Review Commission provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977. The five-member Commission provides administrative appellate review of the Commission's administrative law judge decisions.

OFFICE OF LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriations, 1999	\$166,175,000
Budget estimate, 2000	154,500,000
Committee recommendation	154,500,000

The Committee recommends an appropriation of \$154,500,000 for the Office of Library Services: Grants and Administration. This is \$11,675,000 less than the 1999 level and the same amount as the administration request.

Office of Library Services State Grants

The Committee recommends \$138,118,000 for State grants. Funds are provided to States by formula to carry out 5-year State plans. These plans must set goals and priorities for the State consistent with the purpose of the act, describe activities to meet the goals and priorities and describe the methods by which progress toward the goals and priorities and the success of activities will be evaluated. States may apportion their funds between two activities, technology and targeted services. For technology, States may use funds for electronic linkages among libraries, linkages to educational, social and information services, accessing information through electronic networks, or link different types of libraries or share resources among libraries. For targeted services, States may

direct library and information services to persons having difficulty using a library, underserved urban and rural communities, and children from low income families. Within the total recommended, \$2,616,000 has been provided for library services to Native Americans and Native Hawaiians.

National leadership projects

The Committee recommends \$10,606,000 for national leadership projects. These funds support activities of national significance to enhance the quality of library services nationwide and to provide coordination between libraries and museums. Activities are carried out through grants and contracts awarded on a competitive basis to libraries, agencies, institutions of higher education and museums. Priority is given to projects that focus on education and training of library personnel, research and development for the improvement of libraries, preservation, digitization of library materials, partnerships between libraries and museums and other activities that enhance the quality of library services nationwide.

The Committee does not accept the President's request for \$5,000,000 under National Leadership Projects for the National Education Library for Education. Funding requested for this new program should be used for new awards under the regular program competition.

The programs described in subsequent paragraphs under this account have been brought to the Committee's attention. The Committee believes that each will support improvements to the quality of services provided to communities, consistent with the priorities of the Institute.

The Committee is aware of the unique, collaborative initiative between Peabody-Essex Museum, the Alaska Native Heritage Center and the Bishop Museum to establish an educational and cultural demonstration project to help youth strengthen their appreciation and knowledge of regional heritage. The three institutions will participate in the resource-sharing of educational materials, telecommunications technology, and Alaska Native art.

It has come to the Committee's attention that adequate, quality library services are not readily available to individuals in some rural and hard to reach communities. The Vermont Department of Libraries has developed and will coordinate a demonstration program to address this issue. The project will improve delivery of and access to library services for children, families, and senior citizens and other individuals lacking easy access to library services.

The Committee recognizes the Library and Archives of New Hampshire's Political Tradition, located in the New Hampshire State Library in Concord, as an invaluable resource, for not only New Hampshire, but for the entire United States. The Library is expanding the programs and services that it provides to residents of New Hampshire and visitors and patrons from throughout the United States.

The Millar Library at Portland State University's "Creating the Library of the Future: Building Research Capacity for the Metropolitan Region" will make the library more accessible to students and the region by expanding computer systems and increasing technology-based information and research networks. The library

also will establish an interactive Northwest Social Work Learning Center to support and more effectively serve growing statewide Graduate School of Social Work programs.

The Fitchburg Art Museum is of value to the City of Fitchburg through the many educational programs and services offered to students of the community. Planned technological upgrades will enable the museum to better serve the local school district as a cultural resource and support the museum's ability to reach out to the racially diverse and economically impoverished student population.

New York City's American Museum of Natural History's 32 million specimens and artifacts, collected over 128 years, form the cornerstone of its scientific research, exhibitions, and educational programs and all are located on-site to allow ease of access to scientists and others. The Museum's ongoing efforts to develop and expand model digitization initiatives and to improve collection storage capabilities will enable the Museum to share their collections with a broader audience while protecting its integrity for years to come.

The Kellogg-Hubbard Library has a longstanding commitment to Montpelier, Vermont and surrounding communities and is planning to expand the programs and educational opportunities that it offers. The Library is renown for the services provided through its children's programs, as well as its other outstanding programs.

The Mississippi River Museum in Dubuque, Iowa is enhancing its exhibits and library services which will enable it to better reach thousands of school children. These improvements are essential to expanding the learning opportunities that the Museum can provide to its visitors.

The Natural History Museum of Los Angeles County contains a diverse collection that includes natural and cultural history, paleontology, automotive history and western history. The Museum plans to enhance visitor learning opportunities through technology-based educational experiences and an integrated program of collections, education, exhibits and research.

The City of Miami Beach and Miami-Dade County are collaborating in an effort to develop and expand innovative library services to their communities. This effort is highlighted by investments in computer infrastructure and other technologies that will increase public access to library services.

The Alabama A&M University, Alabama State Black Archives Research Center and Museum has attracted researchers and visitors from throughout the country. The Research Center and Museum has undertaken an innovative initiative to enhance public awareness, disseminate educational information, and preserve archival materials related to African-American history and culture through the improved use of technology.

The University of Miami Library has been entrusted with the largest collection of Cuban heritage materials in existence outside of Cuba. Currently, the materials are housed as separate collections in different locations. The Library intends to consolidate these materials and utilize updated technologies to preserve and improve access to this unique collection.

The Women's Museum: An Institute for the Future, in Dallas, Texas, is a first of its kind institution. The Museum, which will

open in the year 2000, will utilize technology-based exhibits and programs to educate the public about the evolving contributions and role of women in society.

Many young people and adults in the inner cities of this Nation lack access to information and learning opportunities. A community-library collaborative which links underserved communities with educational and informational resources, promotes community ownership and demonstrates the potential of the library as an information and services hub could contribute to individual and community development. The Committee is aware that the Libraries of the Future, currently operating in Washington, D.C., has developed a program that will improve access to information utilizing a national network of community-library information collaboratives.

It has been brought to the Committee's attention that a collaborative effort at Chadron State College in Nebraska will celebrate the works of the Great Plains author Mari Sandoz. The initiative will incorporate the latest technology for archiving and preservation, and will be linked to computer access networks and video/cable systems, making Sandoz's works accessible to students around the world.

Administration

The Committee recommends \$3,160,000 for program administration, the same as the budget request. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services.

MEDICARE PAYMENT ADVISORY COMMISSION

Appropriations, 1999	\$7,015,000
Budget estimate, 2000	7,015,000
Committee recommendation	7,015,000

The Committee recommends an appropriation of \$7,015,000 for the Medicare Payment Advisory Commission, the same as the fiscal year 1999 appropriation and the same as the budget request.

The Medicare Payment Advisory Commission [MedPAC] was established by Congress as part of the Balanced Budget Act of 1997 (Public Law 105-33). Congress merged the Physician Payment Review Commission with the Prospective Payment Assessment Commission to create MedPAC.

NATIONAL COMMISSION ON LIBRARIES AND INFORMATION SCIENCE

Appropriations, 1999	\$1,000,000
Budget estimate, 2000	1,300,000
Committee recommendation	1,300,000

The Committee recommends an appropriation of \$1,300,000 for the National Commission on Libraries and Information Science, an increase of \$300,000 over the fiscal year 1999 appropriation and the same as the budget request.

The Commission determines the need for, and makes recommendations on, library and information services, and advises the President and Congress on the development and implementation of national policy in library and information sciences.

NATIONAL COUNCIL ON DISABILITY

Appropriations, 1999	\$2,344,000
Budget estimate, 2000	2,400,000
Committee recommendation	2,400,000

The Committee recommends an appropriation of \$2,400,000 for the National Council on Disability, \$56,000 above the fiscal year 1999 appropriation and the same as the budget request.

The Council is mandated to make recommendations to the President, the Congress, the Rehabilitation Services Administration, and the National Institute on Disability and Rehabilitation Research, on the public issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans With Disabilities Act and looks at emerging policy issues as they affect persons with disabilities and their ability to enter or reenter the Nation's work force and to live independently.

NATIONAL EDUCATION GOALS PANEL

Appropriations, 1999	\$2,100,000
Budget estimate, 2000	2,250,000
Committee recommendation	2,250,000

The Committee recommends \$2,250,000 for the national education goals panel, \$150,000 above the 1999 appropriation and the same as the budget request.

Following the 1989 education summit in Charlottesville, the Governors and President Bush agreed on education goals for the Nation and created the National Education Goals Panel as an accountability mechanism to monitor and report on the Nation's progress toward reaching the goals. To date, the goals panel has issued eight annual reports delineating National and State progress toward the national education goals.

NATIONAL LABOR RELATIONS BOARD

Appropriations, 1999	\$184,451,000
Budget estimate, 2000	210,193,000
Committee recommendation	210,193,000

The Committee recommends an appropriation of \$210,193,000 for the National Labor Relations Board [NLRB], \$25,742,000 more than the fiscal year 1999 comparable level, which includes a one-time appropriation for year 2000 computer needs, and the same as the budget request.

While the bulk of this increase is intended to meet built in costs, such as the mandatory cost of living adjustments, the Committee recommendation also includes the requested increases for field operations and the National Board to help reduce backlogged cases.

The NLRB is a law enforcement agency which adjudicates disputes under the National Labor Relations Act.

NATIONAL MEDIATION BOARD

Appropriations, 1999	\$8,400,000
Budget estimate, 2000	9,100,000
Committee recommendation	9,100,000

The Committee recommends an appropriation of \$9,100,000 for the National Mediation Board, \$700,000 more than the fiscal year 1999 appropriation and the same as the budget request.

The National Mediation Board protects interstate commerce as it mediates labor-management relations in the railroad and airline industries under the Railway Labor Act. The Board mediates collective bargaining disputes, determines the choice of employee bargaining representatives through elections, and administers arbitration of employee grievances.

The Committee understands that railroad management and operating unions have been working on a breakthrough agreement expected to provide more productivity and job security. Achievement of this goal could result in significant cost savings to the economy, industry, and government. In order to meet this potential, it will be necessary to conduct a broad-based educational effort to break through 130 years of different cultures. Therefore, the Committee supports initiatives associated with alternative dispute resolution programs and labor-management cooperation activities and encourages the Board to prioritize such initiatives.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

Appropriations, 1999	\$8,100,000
Budget estimate, 2000	8,500,000
Committee recommendation	8,500,000

The Committee recommends an appropriation of \$8,500,000 for the Occupational Safety and Health Review Commission, \$400,000 above the fiscal year 1999 appropriation and the same as the budget request.

The Commission serves as a court to justly and expeditiously resolve disputes between the Occupational Safety and Health Administration [OSHA] and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 1999	\$189,000,000
Budget estimate, 2000	175,000,000
Committee recommendation	175,000,000

The Committee has provided a total of \$175,000,000 for dual benefits, including \$10,000,000 in income tax receipts on dual benefits as authorized by law. The Committee recommendation is \$14,000,000 less than the fiscal year 1999 level and the same as the budget request.

This appropriation provides for vested dual benefit payments authorized by the Railroad Retirement Act of 1974, as amended by the Omnibus Reconciliation Act of 1981. This separate account, established for the payment of dual benefits, is funded by general fund appropriations and income tax receipts of vested dual benefits.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNT

Appropriations, 1999	\$150,000
Budget estimate, 2000	150,000
Committee recommendation	150,000

The Committee recommends \$150,000 for interest earned on un-negotiated checks. This is the same as the fiscal year 1999 appropriation and budget request.

LIMITATION ON ADMINISTRATION

Appropriations, 1999	\$90,398,000
Budget estimate, 2000	86,500,000
Committee recommendation	90,000,000

The Committee recommends an appropriation of \$90,000,000 for the administration of railroad retirement/survivor benefit programs. This amount is \$398,000 less than the fiscal year 1999 comparable level, which includes a one-time appropriation for year 2000 computer needs, and \$3,500,000 above the budget request.

The Board administers comprehensive retirement-survivor and unemployment-sickness insurance benefit programs for the Nation's railroad workers and their families. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds which may be used by the Board for administrative expenses.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1999	\$5,600,000
Budget estimate, 2000	5,400,000
Committee recommendation	5,400,000

The Committee recommends \$5,400,000 for the Office of the Inspector General, \$200,000 below the 1999 appropriation and the same as the budget request.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 1999	\$19,689,000
Budget estimate, 2000	20,764,000
Committee recommendation	20,764,000

The Committee recommends an appropriation of \$20,764,000 for payments to Social Security trust funds, the same as the administration request. This amount reimburses the old age and survivors and disability insurance trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs, properly charged to the general funds.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 1999	\$386,803,000
Budget estimate, 2000	383,638,000
Committee recommendation	383,638,000

The Committee recommends an appropriation of \$383,638,000 for special benefits for disabled coal miners. This is in addition to the \$141,000,000 appropriated last year as an advance for the first quarter of fiscal year 2000. The recommendation is the same as the administration request. These funds are used to provide monthly benefits to coal miners disabled by black lung disease and to their widows and certain other dependents, as well as to pay related administrative costs.

The Social Security Administration holds primary responsibility for claims filed before July 1973, with the Department of Labor responsible for claims filed after that. By law, increases in black lung benefit payments are tied directly to Federal pay increases. The year-to-year decrease in this account reflects a declining beneficiary population.

The Committee has received the report of the Inspectors General of the Department of Labor (DOL) and the Social Security Administration (SSA) providing "A Joint Assessment of the Memorandum of Understanding Between the Social Security Administration and the Department of Labor's Employment Standards Administration's Division of Coal Mine Workers' Compensation Program on Handling Part B Black Lung Claims" as specified in the Conference Committee's Report on the fiscal year 1998 Budget. The Committee notes that both Agencies have agreed to implement the report's recommendation that DOL and SSA study the feasibility of transferring the entire Part B program to DOL. DOL and SSA are directed to report the results of that study to the Committee, when completed, and to incorporate those results in their subsequent appropriation requests.

The Committee recommends an advance appropriation of \$124,000,000 for the first quarter of fiscal year 2001, the same as the administration request. These funds will ensure uninterrupted benefit payments to coal miners, their widows, and dependents.

SUPPLEMENTAL SECURITY INCOME

Appropriations, 1999	\$22,047,000,000
Budget estimate, 2000	21,763,000,000
Committee recommendation, 2000	21,753,085,000

The Committee recommends an appropriation of \$21,753,085,000 for supplemental security income. This is in addition to the \$9,550,000,000 appropriated last year as an advance for the first quarter of fiscal year 2000 and includes funds for continuing disability reviews. The recommendation is \$9,915,000 less than the administration's request and \$281,915,000 less than the fiscal year 1999 level. The Committee also recommends an advance appropriation of \$9,890,000,000 for the first quarter of fiscal year 2001 to ensure uninterrupted benefits payments.

These funds are used to pay benefits under the SSI Program, which was established to ensure a Federal minimum monthly benefit for aged, blind, and disabled individuals, enabling them to meet basic needs. It is estimated that approximately 6.4 million persons will receive SSI benefits each month during fiscal year 2000. In many cases, SSI benefits supplement income from other sources, including Social Security benefits. The funds are also used to reimburse the Social Security trust funds for the administrative

costs for the program with a final settlement by the end of the subsequent fiscal year as required by law, to reimburse vocational rehabilitation agencies for costs incurred in successfully rehabilitating SSI recipients and for research and demonstration projects.

Beneficiary services

The Committee recommendation includes \$64,000,000 for beneficiary services, which is the same as the administration request and \$3,000,000 above the fiscal year 1999 level. This amount is available for reimbursement of State vocational rehabilitation agencies and alternate public or private providers. In 1994 SSA published a regulation permitting direct reimbursement of alternate public and private providers to provide vocational rehabilitation services. Vocational rehabilitation services are now more readily available to a larger number of people with disabilities, since the regulation allows SSA to use an alternate public or private sector provider, if a State vocational rehabilitation agency has not accepted an SSA-referred person for services or extended evaluation.

Research and demonstration projects

The Committee recommendation includes \$25,085,000 for research and demonstration projects conducted under sections 1110 and 1115 of the Social Security Act. This is \$11,915,000 below the fiscal year 1999 level and \$1,085,000 above the administration request.

This amount will support SSA's efforts to strengthen its policy evaluation capability and focus on research of: program solvency issues, the impact of demographic changes on future workloads and effective return-to-work strategies for disabled beneficiaries.

The Committee recommendation includes \$1,085,000 for policy research conducted by the President's Task Force on Employment for Persons with Disabilities. The Task Force will consult with the Social Security Administration in the design and implementation of this policy research.

The Committee is pleased that the Social Security Administration, in coordination with the Health Care Financing Administration and appropriate State agencies, has undertaken a demonstration program designed to identify potential Medicare buy-in eligibles, including widowed spouses who may have recently become eligible due to the recalculation of their Social Security benefits based on their spouses' death. The Committee encourages the Administration to incorporate findings from this effort when considering any changes required to protect this vulnerable population and ensure that they receive the benefits to which they are entitled.

The Committee is aware that minority seniors, and in particular Asian, Pacific Islander, and American Indian seniors, face additional challenges to receiving the Social Security and Supplemental Security Income benefits to which they are entitled because of linguistic, cultural and other barriers. The Committee also recognizes that significant actions have been undertaken by the Social Security Administration (SSA) to address this issue. However, the Committee encourages SSA to consider utilizing the talents of other seniors, especially those having knowledge of and familiarity with the linguistic and cultural backgrounds of these populations, to

help it further enhance the services that it provides to all of its customers, just as a similar demonstration program did at the Environmental Protection Agency.

The Committee believes that the public should be educated about alternatives to the representative payee process for beneficiaries facing difficulty managing their benefits. This will help them to continue to handle their benefit checks in accordance with their wishes prior to the time when the appointment of a representative payee may be necessary. SSA should implement this education effort as soon as feasible.

Administration

The Committee recommendation includes \$2,192,000,000 for payment to the Social Security trust funds for the SSI Program's share of SSA's base administrative expenses. This is \$78,000,000 above the fiscal year 1999 level and \$11,000,000 less than the administration request.

Continuing disability reviews

The recommendation includes \$200,000,000 for payments to the Social Security trust fund to process continuing reviews and redeterminations of the disability and nondisability eligibility factors of entitlement for individuals receiving supplemental security income on the basis of their disability.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 1999	\$6,426,000,000
Budget estimate, 2000	6,706,000,000
Committee recommendation, 2000	6,673,871,000

The Committee recommends a program funding level of \$6,673,871,000 for the limitation on administrative expenses, which is \$32,129,000 less than the administration request and \$247,871,000 higher than the fiscal year 1999 level.

This account provides resources from the Social Security trust funds to administer the Social Security retirement and survivors and disability insurance programs, and certain Social Security health insurance functions. As authorized by law, it also provides resources from the trust funds for certain nontrust fund administrative costs, which are reimbursed from the general funds. These include administration of the supplemental security income program for the aged, blind and disabled; work associated with the Pension Reform Act of 1984; and the portion of the annual wage reporting work done by the Social Security Administration for the benefit of the Internal Revenue Service. The dollars provided also support automated data processing activities and fund the State disability determination services which make initial and continuing disability determinations on behalf of the Social Security Administration. Additionally, the limitation provides funding for computer support, and other administrative costs. In 2000 about 50 million people will receive a Social Security or supplemental security income checks each month. Cash payments are expected to be more than \$430,000,000,000 during fiscal year 2000.

The limitation includes \$6,188,871,000 for routine operating expenses of the agency, which is \$13,129,000 less than the amount

requested by the President and \$192,871,000 over the 1999 comparable amount. These funds, as well as those derived from an increase in the user fees which are discussed below, cover the mandatory costs of maintaining equipment and facilities, as well as staffing.

The Committee recognizes the significant problems facing the Social Security Appeals Council, due to their overwhelming workload. Although the amount of appeals processed by the Council has almost doubled in the past four years, the number of pending cases has doubled as well. Since improvements have been made to other aspects of the hearings process of the Social Security Administration, the Committee understands that more resources could be directed towards the appeals council workload. By doing this, the Committee believes that many of the cases still pending will be processed in a more timely manner.

Social Security Advisory Board

The Committee has included \$1,800,000 within the limitation on administrative expenses account for the Social Security Advisory Board for fiscal year 2000, the same level as the administration request and \$200,000 more than the fiscal year 1999 level.

User fees

In addition to other amounts provided, the Committee recommends \$80,000,000 for administrative activities funded from user fees that were authorized in fiscal year 1998. This is the same as the administration's request and an increase of \$5,000,000 over the fiscal year 1999 level.

The Committee recommendation does not include \$19,000,000 for the claimant representative payment fee requested by the Administration. This proposal requires enactment of authorizing legislation.

Continuing disability reviews

The Committee has provided an additional \$405,000,000 to the limitation on administrative expenses account for continuing disability reviews of individuals receiving Social Security disability benefits and continuing disability reviews and redeterminations of the disability and nondisability eligibility factors of entitlement for individuals receiving supplemental security income on the basis of disability.

OFFICE OF THE INSPECTOR GENERAL

Appropriations, 1999	\$56,000,000
Budget estimate, 2000	66,000,000
Committee recommendation, 2000	66,000,000

The Committee recommends \$66,000,000 for activities for the Office of the Inspector General, \$10,000,000 more than fiscal year 1999 and the same as the administration request. This includes a general fund appropriation of \$15,000,000 together with an obligation limitation of \$51,000,000 from the Federal old-age and survivors insurance trust fund and the Federal disability insurance trust fund.

U.S. INSTITUTE OF PEACE

Appropriations, 1999	\$12,160,000
Budget estimate, 2000	13,000,000
Committee recommendation	13,000,000

The Committee recommends an appropriation of \$13,000,000 for the U.S. Institute of Peace, \$840,000 more than the fiscal year 1999 appropriation and the budget request.

The Institute was established by the U.S. Institute of Peace Act (Public Law 98-525) in 1984. The Institute is an independent, non-profit, national organization whose primary mission is to promote, through scholarship and education, international peace, and the resolution of conflicts without recourse to violence.

TITLE V—GENERAL PROVISIONS

The Committee recommendation retains provisions which: authorize transfers of unexpended balances (sec. 501); limit funding to 1 year availability unless otherwise specified (sec. 502); limit lobbying and related activities (sec. 503); limit official representation expenses (sec. 504); prohibit funding of any program to carry out distribution of sterile needles for the hypodermic injection of any illegal drug unless the Secretary of HHS determines such programs are effective in preventing the spread of HIV and do not encourage the use of illegal drugs (sec. 505); state the sense of Congress about purchase of American-made equipment and products (sec. 506); clarify Federal funding as a component of State and local grant funds (sec. 507); and limit use of funds for abortion (sec. 508 and sec. 509).

The Committee recommendation includes language on human embryo research (sec. 510).

The Committee recommendation retains the limitation on use of funds for promotion of legalization of controlled substances included last year (sec. 511).

The Committee recommendation retains the bill language limitation on use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted (sec. 512).

The Committee bill includes language regarding the individual health identifier (sec. 513).

The Committee recommendation includes a provision (sec. 514) which amends the 1997 appropriation's legislation regarding retirement benefits.

BUDGETARY IMPACT OF BILL
PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC.
308(a), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation	Amount of bill	Committee allocation	Amount of bill
Comparison of amounts in the bill with Committee allocations to its subcommittees of amounts in the First Concurrent Resolution for 2000: Subcommittee on Labor, Health and Human Services, Education, and Related Agencies:				
General purpose discretionary	84,018	84,018	84,222	¹ 84,222
Violent crime reduction fund	156	156	155	155
Mandatory	233,459	233,459	233,644	233,644
Projections of outlays associated with the recommendation:				
2000				² 213,167
2001				89,371
2002				10,889
2003				6,018
2004 and future year				685
Financial assistance to State and local governments for 2000 in bill	NA	125,410	NA	25,061

¹ Includes outlays from prior-year budget authority.

² Excludes outlays from prior-year budget authority.

NA: Not applicable.

Note.—Consistent with the funding recommended in the bill for continuing disability reviews and adoption assistance, and in accordance with section 314 of the Congressional Budget Act of 1974, the Committee anticipates that the Budget Committee will file a revised section 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of \$425,000,000 in budget authority and \$364,000,000 in outlays.

**COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE
STANDING RULES OF THE SENATE**

Paragraph 7 of rule XVI requires that Committee report on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The following items are identified pursuant to this requirement:

Community service employment for older Americans,
\$440,200,000;
Homeless Veterans, \$10,000,000;
National Skills Standards Board, \$7,000,000;
School-to-Work (Labor and Education), \$110,000,000;

Family Planning, \$22,432,000;
 Preventive Health and Health Services Block Grant,
 \$115,914,000;
 Sexually transmitted diseases, \$115,711,000;
 Injury Prevention and Control (Traumatic Brain Injury Re-
 search), \$63,994,000;
 Substance Abuse and Mental Health Services Administration
 (except Program Management), \$2,691,800,000;
 Runaway and Homeless Youth; Homeless Youth Transitional
 Living, \$63,602,000;
 Developmental Disabilities, \$125,732,000;
 Administration on Aging, \$927,055,000;
 Adolescent Family Life, \$19,700,000;
 Teacher assistance initiative, \$1,200,000,000;
 State grants for incarcerated youth offenders, \$19,000,000.

COMPLIANCE WITH PARAGRAPH 7(C), RULE XXVI OF THE
 STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, the bill S. 1650 was or-
 dered reported from the Committee, subject to amendment and
 subject to the section 302(b) allocation, by recorded vote of 26–0,
 with two abstentions, a quorum being present.

The vote was as follows:

Yeas	Nays
Chairman Stevens	
Mr. Cochran	
Mr. Specter	
Mr. Domenici	
Mr. Bond	
Mr. Gorton	
Mr. McConnell	
Mr. Burns	
Mr. Shelby	
Mr. Gregg	
Mr. Bennett	
Mr. Campbell	
Mr. Craig	
Mrs. Hutchison	
Mr. Kyl	
Mr. Byrd	
Mr. Inouye	
Mr. Hollings	
Mr. Leahy	
Mr. Lautenberg	
Mr. Harkin	
Ms. Mikulski	
Mr. Kohl	
Mr. Dorgan	
Mrs. Feinstein	
Mr. Durbin	
Mr. Reid and Mrs. Murray abstained.	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or a joint resolution repealing or amending any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee.”

In compliance with this rule, the following changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

TITLE 8—ALIENS AND NATIONALITY

* * * * *

CHAPTER 12—IMMIGRATION AND NATIONALITY

* * * * *

SUBCHAPTER II—IMMIGRATION

PART I—SELECTION SYSTEM

* * * * *

§ 1157. Annual admission of refugees and admission of emergency situation refugees

* * * * *

ESTABLISHING CATEGORIES OF ALIENS FOR PURPOSES OF REFUGEE
DETERMINATIONS

* * * * *

“(a) * * *

* * * * *

“(b) ESTABLISHMENT OF CATEGORIES.—

“(1) * * *

“(3) Within the number of admissions of refugees allocated for for [sic] each of fiscal years **1997, 1998, and 1999** *1997, 1998, 1999, and 2000* for refugees who are nationals of the Soviet Union under section 207(a)(3) of the Immigration and Nationality Act [8 U.S.C. 1157(a)(3)] and within the number of such admissions allocated for each of fiscal years 1993, 1994, 1995, and 1996 for refugees who are nationals of the independent states of the former Soviet Union, Estonia, Latvia, and Lithuania under such section, notwithstanding any other provision of law, the President shall allocate one thousand of

such admissions for such fiscal year to refugees who are within the category of aliens described in paragraph (2)(B).

* * * * *

“(e) PERIOD OF APPLICATION.—

“(1) Subsections (a) and (b) shall take effect on the date of the enactment of this Act [Nov. 21, 1989] and shall only apply to applications for refugee status submitted before [October 1, 1996] *October 1, 2000*.

“(2) Subsection (c) shall apply to decisions made after the date of the enactment of this Act and before [October 1, 1996] *October 1, 2000*.

“(3) Subsection (d) shall take effect on the date of the enactment of this Act and shall only apply to reapplications for refugee status submitted before [October 1, 1996] *October 1, 2000*.”

* * * * *

§ 1255. Adjustment of status of nonimmigrant to that of person admitted for permanent residence

* * * * *

ADJUSTMENT OF STATUS FOR CERTAIN SOVIET AND INDOCHINESE PAROLEES

“(a) * * *

* * * * *

“(b) *Aliens Eligible for Adjustment of Status*.—The benefits provided in subsection (a) shall only apply to an alien who—

“(1) was a national of an independent state of the former Soviet Union, Estonia, Latvia, Lithuania, Vietnam, Laos, or Cambodia, and

“(2) was inspected and granted parole into the United States during the period beginning on August 15, 1988, and ending on [September 30, 1999] *September 30, 2000*, after being denied refugee status.

* * * * *

TITLE 20—EDUCATION

* * * * *

CHAPTER 31—GENERAL PROVISIONS CONCERNING EDUCATION

* * * * *

SUBCHAPTER III—GENERAL REQUIREMENTS AND CONDITIONS CONCERNING OPERATION AND ADMINISTRATION OF EDUCATION PROGRAMS: GENERAL AUTHORITY OF SECRETARY

* * * * *

PART 2—ADMINISTRATION: REQUIREMENTS AND LIMITATIONS

* * *

§ 1231g. Applications**(a)** * * *

* * *

(c) * * *

* * *

SEC. 447. PROHIBITION ON FEDERALLY SPONSORED TESTING.

(a) *GENERAL PROHIBITION.*—Notwithstanding any other provision of Federal law and except as provided in subsection (b), no funds provided to the Department of Education or to an applicable program, may be used to pilot test, field test, implement, administer or distribute in any way any federally sponsored national test in reading, mathematics, or any other subject that is not specifically and explicitly provided for in authorizing legislation enacted into law.

(b) *EXCEPTIONS.*—Subsection (a) shall not apply to the Third International Mathematics and Science Study or other international comparative assessments developed under the authority of section 404(a)(6) of the National Education Statistics Act of 1994 (20 U.S.C. 9003(a)(6) et seq.) and administered to only a representative sample of pupils in the United States and in foreign nations.

* * *

PUBLIC HEALTH SERVICE ACT

TITLE XIX—BLOCK GRANTS

* * *

SEC. 1918. DETERMINATION OF AMOUNT OF ALLOTMENT.**(a)** * * *

* * *

[(b) MINIMUM ALLOTMENTS FOR STATES.—For each of the fiscal years 1993 and 1994, the amount of the allotment required in section 1911 for a State for the fiscal year involved shall be the greater of—

[(1) the amount determined under subsection (a) for the State for the fiscal year; and

[(2) an amount equal to 20.6 percent of the amount received by the State from allotments made pursuant to this part for fiscal year 1992 (including reallotments under section 205(a) of the ADAMHA Reorganization Act).]

(b) MINIMUM ALLOTMENTS FOR STATES.—

(1) IN GENERAL.—With respect to fiscal year 2000, the amount of the allotment of a State under section 1911 shall not be less than the amount the State received under section 1911 for fiscal year 1998.

* * *

SEC. 1933. DETERMINATION OF AMOUNT OF ALLOTMENT.

(a) * * *

* * * * *

[(b) **MINIMUM ALLOTMENTS FOR STATES.**—For each of the fiscal years 1993 and 1994, the amount of the allotment required in section 1921 for a State for the fiscal year involved shall be the greater of—

[(1) the amount determined under subsection (a) for the State for the fiscal year; and

[(2) an amount equal to 79.4 percent of the amount received by the State from allotments made pursuant to this part for fiscal year 1992 (including reallotments under section 205(a) of the ADAMHA Reorganization Act).]

(b) **MINIMUM ALLOTMENTS FOR STATES.**—

(1) *IN GENERAL.*—With respect to fiscal year 2000, the amount of the allotment of a State under section 1921 shall not be less than the amount the State received under section 1921 for fiscal year 1999 increased by 30.65 percent of the percentage by which the amount allotted to the States for fiscal year 2000 exceeds the amount allotted to the States for fiscal year 1999.

(2) *LIMITATION.*—

(A) *IN GENERAL.*—Except as provided in subparagraph (B), a State shall not receive an allotment under section 1921 for fiscal year 2000 in an amount that is less than an amount equal to 0.375 percent of the amount appropriated under section 1935(a) for such fiscal year.

(B) *EXCEPTION.*—In applying subparagraph (A), the Secretary shall ensure that no State receives an increase in its allotment under section 1921 for fiscal year 2000 (as compared to the amount allotted to the State in the fiscal year 1999) that is in excess of an amount equal to 300 percent of the percentage by which the amount appropriated under section 1935(a) for fiscal year 2000 exceeds the amount appropriated for fiscal year 1999.

* * * * *

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1997,
PUBLIC LAW 104–208

* * * * *

TITLE V—GENERAL PROVISIONS

* * * * *

SEC. 520. VOLUNTARY SEPARATION INCENTIVES FOR EMPLOYEES OF CERTAIN FEDERAL AGENCIES.—(a) * * *

* * * * *

(c) * * *

(1) * * *

(2) * * *

(A) * * *

* * * * *

(D) may not be made except in the case of any qualifying employee who voluntarily separates (whether by retirement or resignation) before **December 31, 1997** *December 31, 1999*;

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
TITLE I—DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION TRAINING AND EMPLOYMENT SERVICES					
Grants to States:					
Adult Training	955,000	955,000	238,000	— 717,000	— 717,000
Fiscal year 2001 advance .....	.....	.....	712,000	+ 712,000	+ 712,000
Subtotal, Adult Training program level	955,000	955,000	950,000	— 5,000	— 5,000
Youth Training	1,000,965	1,000,965	1,000,965	.....	.....
Dislocated Worker Assistance	1,400,510	1,595,510	395,510	— 1,005,000	— 1,200,000
Fiscal year 2001 advance .....	.....	.....	1,200,000	+ 1,200,000	+ 1,200,000
Subtotal, Dislocated Worker program level	1,400,510	1,595,510	1,595,510	+ 195,000	.....
Federally administered programs:					
Native Americans	57,815	53,815	60,000	+ 2,185	+ 6,185
Migrant and Seasonal Farmworkers ¹	78,517	71,017	75,996	— 2,521	+ 4,979
Job Corps:					
Operations	1,158,642	1,213,533	485,413	— 673,229	— 728,120
Fiscal year 2001 advance .....	.....	.....	728,120	+ 728,120	+ 728,120
Construction and Renovation ²	150,572	133,658	53,463	— 97,109	— 80,195
Fiscal year 2001 advance .....	.....	.....	80,195	+ 80,195	+ 80,195
Subtotal, Job Corps	1,309,214	1,347,191	1,347,191	+ 37,977	.....
Subtotal, Job Corps program level	1,309,214	1,347,191	1,347,191	+ 37,977	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Veterans' employment	7,300	7,300	7,300	.....	.....
National activities:					
Pilots and Demonstrations	67,500	35,000	98,500	+ 31,000	+ 63,500
Research, Demos, evaluation	9,098	12,000	9,098	.....	- 2,902
Right Track Partnership .....	.....	75,000	.....	.....	- 75,000
Youth Opportunity Grants	250,000	250,000	250,000	.....	.....
Other .....	.....	5,000	5,000	+ 5,000	.....
Subtotal, National activities	326,598	377,000	362,598	+ 36,000	- 14,402
Subtotal, Federal activities	1,779,444	1,856,323	1,853,085	+ 73,641	- 3,238
Total, Job Training Partnership Act	5,135,919	5,407,798	5,399,560	+ 263,641	- 8,238
Women in Apprenticeship	1,000	.....	1,000	.....	+ 1,000
Skills Standards	7,000	7,000	7,000	.....	.....
Subtotal, National activities, TES	334,598	384,000	370,598	+ 36,000	- 13,402
School-to-Work ¹	125,000	55,000	55,000	- 70,000	.....
Homeless Veterans	3,000	5,000	10,000	+ 7,000	+ 5,000
Total, Training and Employment Services	5,271,919	5,474,798	5,472,560	+ 200,641	- 2,238
Current Year	(5,271,919)	(5,474,798)	(2,752,245)	(- 2,519,674)	(- 2,722,553)
Advance year .....	.....	.....	(2,720,315)	(+ 2,720,315)	(+ 2,720,315)
Welfare-to-work rescission	- 137,000	.....	.....	+ 137,000	.....

COMMUNITY SERV. EMPLOYMENT OLDER AMERICANS	440,200	440,200	440,200	.....	.....
FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES					
Trade Adjustment	312,300	306,400	349,000	+ 36,700	+ 42,600
NAFTA Activities	48,400	8,000	66,150	+ 17,750	+ 58,150
Total	360,700	314,400	415,150	+ 54,450	+ 100,750
STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS					
Unemployment Compensation (Trust Funds):					
State Operations	2,122,631	2,206,125	2,154,625	+ 31,994	— 51,500
National Activities	10,000	57,000	10,000	.....	— 47,000
Year 2000 Computer conversion Advance from prior year	(40,000)	.....	.....	(— 40,000)	.....
Contingency	161,884	196,333	151,333	— 10,551	— 45,000
Subtotal, Unemployment Comp (trust funds)	(2,294,515)	(2,459,458)	(2,315,958)	(+ 21,443)	(— 143,500)
Employment Service:					
Allotments to States:					
Federal Funds	23,452	23,452	23,452	.....	.....
Trust Funds	738,283	738,283	738,283	.....	.....
Subtotal	761,735	761,735	761,735	.....	.....
Reemployment Service Grants .....	.....	53,000	40,000	+ 40,000	— 13,000
National Activities:					
Federal Funds .....	.....	10,000	.....	.....	— 10,000
Trust Funds	59,880	23,580	66,880	+ 7,000	+ 43,300
Subtotal, Employment Service	821,615	848,315	868,615	+ 47,000	+ 20,300
Federal funds	23,452	33,452	23,452	.....	— 10,000
Trust funds	798,163	814,863	845,163	+ 47,000	+ 30,300
One Stop Career Centers:					
Federal Funds	138,645	149,000	146,500	+ 7,855	— 2,500
Trust Funds	7,855	.....	.....	— 7,855	.....
Total, One stop centers	146,500	149,000	146,500	.....	— 2,500

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Work Incentives Grants .....	.....	50,000	27,000	+ 27,000	- 23,000
Total, State Unemployment	3,262,630	3,506,773	3,358,073	+ 95,443	- 148,700
Federal Funds	162,097	232,452	196,952	+ 34,855	- 35,500
Trust Funds	3,100,533	3,274,321	3,161,121	+ 60,588	- 113,200
Advances to the UI and Other Trust Funds ⁴	357,000	356,000	356,000	- 1,000	.....
PROGRAM ADMINISTRATION					
Adult Employment and Training	29,353	30,673	30,673	+ 1,320	.....
Trust Funds	2,395	2,475	2,475	+ 80	.....
Youth Employment and Training	32,971	34,867	34,867	+ 1,896	.....
Employment Security	5,961	5,065	5,065	- 896	.....
Trust Funds ⁵	39,956	33,958	42,248	+ 2,292	+ 8,290
Apprenticeship Services	17,635	19,580	19,580	+ 1,945	.....
Executive Direction	8,907	6,445	6,445	- 2,462	.....
Trust Funds	1,365	1,409	1,409	+ 44	.....
Welfare to Work	6,160	6,578	6,578	+ 418	.....
Subtotal, Program Administration	144,703	141,050	149,340	+ 4,637	+ 8,290
Federal funds	100,987	103,208	103,208	+ 2,221	.....
Trust funds	43,716	37,842	46,132	+ 2,416	+ 8,290
Subtotal, Employment and Training Administration	9,700,152	10,233,221	10,191,323	+ 491,171	- 41,898
Federal funds	6,555,903	6,921,058	4,263,755	- 2,292,148	- 2,657,303
Trust funds	3,144,249	3,312,163	3,207,253	+ 63,004	- 104,910

PENSION AND WELFARE BENEFITS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement and Compliance	71,106	79,355	77,355	+ 6,249	— 2,000
Policy, Regulation and Public Service	15,216	18,636	18,636	+ 3,420	.....
Program Oversight	4,248	3,840	3,840	— 408	.....
Subtotal, PWBA	90,570	101,831	99,831	+ 9,261	— 2,000
PENSION BENEFIT GUARANTY CORPORATION					
Program Administration subject to limitation (TF)	10,958	11,352	11,352	+ 394	.....
Termination services not subj to limitation (NA)	(148,974)	(153,599)	(153,599)	(+ 4,625)	.....
Subtotal, PBGC new BA	10,958	11,352	11,352	+ 394	.....
Subtotal, PBGC (Program level)	(159,932)	(164,951)	(164,951)	(+ 5,019)	.....
EMPLOYMENT STANDARDS ADMINISTRATION					
SALARIES AND EXPENSES					
Enforcement of Wage and Hour Standards	129,581	176,042	142,342	+ 12,761	— 33,700
Office of Labor-Management Standards	28,148	29,308	29,308	+ 1,160	.....
Federal Contractor EEO Standards Enforcement	65,461	76,417	76,417	+ 10,956	.....
Federal Programs for Workers' Compensation	76,759	80,369	80,369	+ 3,610	.....
Trust Funds	1,924	1,740	1,740	— 184	.....
Program Direction and Support	13,231	12,611	12,611	— 620	.....
Subtotal, ESA salaries and expenses	315,104	376,487	342,787	+ 27,683	— 33,700
Federal funds	313,180	374,747	341,047	+ 27,867	— 33,700
Trust funds	1,924	1,740	1,740	— 184	.....
SPECIAL BENEFITS					
Federal employees compensation benefits	175,000	75,000	75,000	— 100,000	.....
Longshore and harbor workers' benefits	4,000	4,000	4,000	.....	.....
Subtotal, Special Benefits	179,000	79,000	79,000	— 100,000	.....
BLACK LUNG DISABILITY TRUST FUND					
Benefit payments and interest on advances	969,725	963,506	963,506	— 6,219

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Employment Standards Adm. S&E	30,191	28,676	28,676	- 1,515	.....
Departmental Management S&E	20,422	21,144	21,144	+ 722	.....
Departmental Management, Inspector General	306	318	318	+ 12	.....
Subtotal, Black Lung Disability Trust Fund, apprn	1,020,644	1,013,644	1,013,644	- 7,000	.....
Treasury Adm. Costs	356	356	356	.....	.....
Total, Black Lung Disability Trust Fund	1,021,000	1,014,000	1,014,000	- 7,000	.....
Total, Employment Standards Administration	1,515,104	1,469,487	1,435,787	- 79,317	- 33,700
Federal funds	1,513,180	1,467,747	1,434,047	- 79,133	- 33,700
Trust funds	1,924	1,740	1,740	- 184	.....
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Safety and Health Standards	12,323	13,126	13,126	+ 803	.....
Federal Enforcement	133,896	142,232	142,232	+ 8,336	.....
State Programs	80,084	83,501	83,501	+ 3,417	.....
Technical Support	18,203	17,806	17,806	- 397	.....
Compliance Assistance:					
Federal Assistance	45,670	57,812	57,812	+ 12,142	.....
State Consultation Grants	40,943	40,943	40,943	.....	.....
Subtotal	86,613	98,755	98,755	+ 12,142	.....
Safety and Health Statistics	15,172	23,677	23,677	+ 8,505	.....

Executive Direction and Administration	8,084	9,045	9,045	+ 961	.....
Total, OSHA	354,375	388,142	388,142	+ 33,767	.....
MINE SAFETY AND HEALTH ADMINISTRATION					
SALARIES AND EXPENSES					
Coal Enforcement	105,489	111,008	111,008	+ 5,519	.....
Metal/Non-Metal Enforcement	43,886	50,293	50,293	+ 6,407	.....
Standards Development	1,509	1,671	1,671	+ 162	.....
Assessments	3,896	4,128	4,128	+ 232	.....
Educational Policy and Development	20,864	24,684	27,184	+ 6,320	+ 2,500
Technical Support	25,312	25,840	25,840	+ 528	.....
Program Administration	14,957	10,749	10,749	- 4,208	.....
Total, Mine Safety and Health Administration	215,913	228,373	230,873	+ 14,960	+ 2,500
BUREAU OF LABOR STATISTICS					
SALARIES AND EXPENSES					
Employment and Unemployment Statistics	115,828	118,084	117,084	+ 1,256	- 1,000
Labor Market Information (Trust Funds)	54,146	55,663	55,663	+ 1,517	.....
Prices and Cost of Living	120,179	131,032	126,032	+ 5,853	- 5,000
Compensation and Working Conditions	61,029	69,383	65,383	+ 4,354	- 4,000
Productivity and Technology	7,526	8,988	8,288	+ 762	- 700
Economic Growth and Employment Projections	4,905	5,058	5,058	+ 153	.....
Executive Direction and Staff Services	24,098	25,725	24,950	+ 852	- 775
Consumer Price Index Revision ⁴	11,159	6,986	6,986	- 4,173	.....
Total, Bureau of Labor Statistics	398,870	420,919	409,444	+ 10,574	- 11,475
Federal Funds	344,724	365,256	353,781	+ 9,057	- 11,475
Trust Funds	54,146	55,663	55,663	+ 1,517	.....
DEPARTMENTAL MANAGEMENT					
SALARIES AND EXPENSES					
Executive Direction	20,193	34,575	26,575	+ 6,382	- 8,000
Legal Services	66,519	70,041	70,041	+ 3,522	.....
Trust Funds	299	310	310	+ 11	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
International Labor Affairs	40,385	76,165	76,165	+ 35,780	.....
Administration and Management	20,774	23,287	22,029	+ 1,255	- 1,258
Adjudication	21,842	23,689	23,689	+ 1,847	.....
Promoting Employment of People with Disabilities	6,750	7,250	7,250	+ 500	.....
Women's Bureau	7,802	8,369	8,369	+ 567	.....
Civil Rights Activities	4,929	5,684	5,684	+ 755	.....
Chief Financial Officer	5,538	5,799	5,799	+ 261	.....
Task Force/Employment people w/disabilities	1,400	2,485	1,400	.....	- 1,085
Year 2000 Computer Conversion (Emergency Funding)	4,667	.....	.....	- 4,667	.....
Total, Salaries and expenses	201,098	257,654	247,311	+ 46,213	- 10,343
Federal funds	200,799	257,344	247,001	+ 46,202	- 10,343
Trust funds	299	310	310	+ 11	.....
VETERANS EMPLOYMENT AND TRAINING					
State Administration:					
Disabled Veterans Outreach Program	80,040	80,215	80,215	+ 175	.....
Local Veterans Employment Program	77,078	77,253	77,253	+ 175	.....
Subtotal, State Administration	157,118	157,468	157,468	+ 350	.....
Federal Administration	25,601	28,145	28,145	+ 2,544	.....
Total, Veterans Employment and Training (TF)	182,719	185,613	185,613	+ 2,894	.....
OFFICE OF THE INSPECTOR GENERAL					
Program Activities	39,377	43,927	42,346	+ 2,969	- 1,581

Trust Funds	3,648	5,010	3,830	+ 182	— 1,180
Executive Direction and Management	5,475	6,241	5,749	+ 274	— 492
Total, Office of the Inspector General	48,500	55,178	51,925	+ 3,425	— 3,253
Federal funds	44,852	50,168	48,095	+ 3,243	— 2,073
Trust funds	3,648	5,010	3,830	+ 182	— 1,180
Total, Departmental Management	432,317	498,445	484,849	+ 52,532	— 13,596
Federal funds	245,651	307,512	295,096	+ 49,445	— 12,416
Trust funds	186,666	190,933	189,753	+ 3,087	— 1,180
Total, Labor Department	12,718,259	13,351,770	13,251,601	+ 533,342	— 100,169
Federal funds	9,320,316	9,779,919	7,065,525	— 2,254,791	— 2,714,394
Current Year	(9,320,316)	(9,779,919)	(7,065,525)	(— 2,254,791)	(— 2,714,394)
Advance year			(2,720,315)	(+ 2,720,315)	(+ 2,720,315)
Trust funds	3,397,943	3,571,851	3,465,761	+ 67,818	— 106,090
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES					
HEALTH RESOURCES AND SERVICES ADMINISTRATION					
HEALTH RESOURCES AND SERVICES					
Consolidated health centers	924,706	945,000	1,024,000	+ 99,294	+ 79,000
National Health Service Corps:					
Field placements	37,232	36,997	36,997	— 235	.....
Recruitment	78,141	78,166	78,166	+ 25	.....
Subtotal, National Health Service Corps	115,373	115,163	115,163	— 210	.....
Health Professions					
Training for Diversity:					
Centers of excellence	25,634	33,142	.....	— 25,634	— 33,142
Health careers opportunity program	27,790	35,299	.....	— 27,790	— 35,299
Faculty loan repayment	1,100	1,100	.....	— 1,100	— 1,100
Scholarships for disadvantaged students	38,087	38,966	.....	— 38,087	— 38,966
Subtotal	92,611	108,507	.....	— 92,611	— 108,507

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Training in Primary Care Dentistry:					
Family medicine training/departments	50,509	.....	.....	- 50,509	.....
General internal medicine and pediatrics	18,125	.....	.....	- 18,125	.....
Physician assistants	6,800	.....	.....	- 6,800	.....
General dentistry residencies	4,500	.....	.....	- 4,500	.....
Subtotal	79,934	.....	.....	- 79,934	.....
Interdisciplinary Community-Based Linkages:					
Area health education centers	28,578	28,587	.....	- 28,578	- 28,587
Health education and training centers	3,764	3,765	.....	- 3,764	- 3,765
Allied health special projects	7,093	.....	.....	- 7,093	.....
Geriatric education centers and training	9,697	.....	.....	- 9,697	.....
Rural interdisciplinary traineeships	4,544	4,545	.....	- 4,544	- 4,545
Subtotal	53,676	36,897	.....	- 53,676	- 36,897
Health Professions Workforce Info and analysis:					
Health Professions data systems	246	.....	.....	- 246	.....
Research on Health Professions Issues	468	.....	.....	- 468	.....
Consolidated HP Workforce Info and Analysis .....	.....	714	.....	.....	- 714
Subtotal	714	714	.....	- 714	- 714
Public Health Workforce Development:					
Public health and preventive medicine	8,291	.....	.....	- 8,291	.....
Health administration traineeships/projects	1,135	.....	.....	- 1,135	.....

Subtotal	9,426			— 9,426	
Pediatric Graduate Medical Education		40,000			— 40,000
Nursing Workforce Development:					
Advanced Nurse Education	12,926			— 12,926	
Nurse practitioners/nurse midwives	18,259			— 18,259	
Professional nurse traineeships	16,528			— 16,528	
Nurse anesthetists	2,868			— 2,868	
Consolidated Nursing Workforce Develop		50,598			— 50,598
Subtotal	50,581	50,598		— 50,581	— 50,598
Special projects	10,965	10,968		— 10,965	— 10,968
Nurse disadvantaged assistance	4,009	4,010		— 4,009	— 4,010
Consolidated health professions			226,916	+ 226,916	+ 226,916
Subtotal, Health professions	301,916	251,694	226,916	— 75,000	— 24,778
Other HRSA Programs:					
Hansen's Disease Services	21,663	17,282	17,282	— 4,381	
Maternal and Child Health Block Grant	694,777	695,000	695,000	+ 223	
Healthy Start	104,967	105,000	110,000	+ 5,033	+ 5,000
Universal Newborn Hearing		4,000	4,000	+ 4,000	
Organ Transplantation	9,997	10,000	10,000	+ 3	
Health Teaching Facilities Interest Subsidies	150	150	150		
Bone Marrow Program	17,994	18,000	18,000	+ 6	
Rural outreach grants	31,384	31,396	31,396	+ 12	
Critical care programs:					
Emergency medical services for children	14,995	15,000	17,000	+ 2,005	+ 2,000
Traumatic brain injury program	5,000	5,000	5,000		
Trauma care		1,000	1,000	+ 1,000	
Poison control		1,500	3,000	+ 3,000	+ 1,500
Subtotal	19,995	22,500	26,000	+ 6,005	+ 3,500
Black lung clinics	4,998	5,000	6,000	+ 1,002	+ 1,000
Nursing loan repayment	2,278	2,279	2,279	+ 1	

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COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Payment to Hawaii, treatment of Hansen's	2,044	2,045	2,045	+ 1	.....
Subtotal, Other HRSA programs	910,247	912,652	922,152	+ 11,905	+ 9,500
Ryan White AIDS Programs:					
Emergency Assistance	505,039	521,200	541,200	+ 36,161	+ 20,000
Comprehensive Care Programs	737,765	783,000	843,000	+ 105,235	+ 60,000
AIDS Drug Assistance Program (ADAP) (NA)	(461,000)	(496,000)	(536,000)	(+ 75,000)	(+ 40,000)
Early Intervention Program	94,270	130,300	140,300	+ 46,030	+ 10,000
Pediatric Demonstrations	45,985	48,000	53,000	+ 7,015	+ 5,000
AIDS Dental Services	7,798	8,000	9,000	+ 1,202	+ 1,000
Education and Training Centers	19,994	20,000	24,000	+ 4,006	+ 4,000
Subtotal, Ryan White AIDS programs	1,410,851	1,510,500	1,610,500	+ 199,649	+ 100,000
Ricky Ray Hemophilia program .....	.....	.....	50,000	+ 50,000	+ 50,000
Family Planning	214,932	239,952	222,432	+ 7,500	- 17,520
Rural Health Research	6,081	6,085	6,085	+ 4	.....
Health Care and Other Facilities	65,324	.....	10,000	- 55,324	+ 10,000
Buildings and Facilities	250	250	250	.....	.....
Rural Hospital Flexibility Grants	24,992	25,000	25,000	+ 8	.....
National Practitioner Data Bank	12,000	16,000	16,000	+ 4,000	.....
User Fees	- 12,000	- 16,000	- 16,000	- 4,000	.....
Office for the Advancement of Telehealth	13,124	13,124	20,000	+ 6,876	+ 6,876
Program Management	128,962	121,663	133,000	+ 4,038	+ 11,337
Total, Health resources and services	4,116,758	4,141,083	4,365,498	+ 248,740	+ 224,415

MEDICAL FACILITIES GUARANTEE AND LOAN FUND: Interest subsidy program	1,000	1,000	1,000	.....	.....
HEALTH EDUCATION ASSISTANCE LOANS PROGRAM (HEAL):					
Liquidating account	(37,000)	(31,500)	(31,500)	(- 5,500)	.....
Program management	3,687	3,688	3,688	+ 1	.....
VACCINE INJURY COMPENSATION PROGRAM TRUST FUND:					
Post-fiscal year 1988 claims	60,000	60,000	60,000	.....	.....
HRSA administration	3,000	3,000	3,000	.....	.....
Subtotal, Vaccine injury compensation trust fund	63,000	63,000	63,000	.....	.....
VACCINE INJURY COMPENSATION: Pre-fiscal year 1989 claims (appropriation) ..	100,000	.....	.....	- 100,000	.....
Total, Vaccine inquiry	163,000	63,000	63,000	- 100,000	.....
Total, Health Resources and Services Administration	4,284,445	4,208,771	4,433,186	+ 148,741	+ 224,415
CENTERS FOR DISEASE CONTROL AND PREVENTION					
DISEASE CONTROL, RESEARCH AND TRAINING					
Preventive Health Services Block Grant:					
Program	147,753	115,914	115,914	- 31,839	.....
Salaries and Expenses	2,247	4,086	2,247	.....	- 1,839
Subtotal, Preventive Health Services Block Grant	150,000	120,000	118,161	- 31,839	- 1,839
Prevention Centers:					
Program	13,000	13,000	15,000	+ 2,000	+ 2,000
Salaries and Expenses	500	500	500	.....	.....
Subtotal, Prevention Centers	13,500	13,500	15,500	+ 2,000	+ 2,000
CDC/HCFA vaccine program:					
Childhood immunization:					
Program	400,568	463,364	463,364	+ 62,796	.....
Salaries and Expenses	48,909	62,803	48,909	.....	- 13,894
Subtotal, Childhood immunization ⁶	449,477	526,167	512,273	+ 62,796	- 13,894

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
HCFA vaccine purchase (NA)	566,278	545,043	545,043	- 21,235	.....
Subtotal, CDC/HCFA vaccine program level	1,015,755	1,071,210	1,057,316	+ 41,561	- 13,894
Communicable Diseases:					
AIDS:					
Program	534,964	540,240	540,240	+ 5,276	.....
Salaries and Expenses	122,036	126,156	122,036	.....	- 4,120
Subtotal, HIV/AIDS	657,000	666,396	662,276	+ 5,276	- 4,120
Tuberculosis:					
Program	114,777	112,147	120,000	+ 5,223	+ 7,853
Salaries and Expenses	5,185	7,815	5,185	.....	- 2,630
Subtotal, Tuberculosis	119,962	119,962	125,185	+ 5,223	+ 5,223
Sexually Transmitted Diseases:					
Program	110,656	115,711	115,711	+ 5,055	.....
Salaries and Expenses	13,097	14,938	13,097	.....	- 1,841
Subtotal, Sexually Transmitted Diseases	123,753	130,649	128,808	+ 5,055	- 1,841
Chronic Diseases:					
Chronic and Environmental Disease Prevention:					
Program	241,378	250,364	260,364	+ 18,986	+ 10,000
Salaries and Expenses	58,011	75,579	58,011	.....	- 17,568

Subtotal, Chronic and Environ'l Disease 7	299,389	325,943	318,375	+ 18,986	— 7,568
Breast and Cervical Cancer Screening:					
Program	149,091	147,071	157,071	+ 7,980	+ 10,000
Salaries and Expenses	9,980	12,000	9,980	.....	— 2,020
Subtotal, Breast and Cervical Cancer Screening	159,071	159,071	167,051	+ 7,980	+ 7,980
Infectious Diseases:					
Program	70,300	98,274	98,274	+ 27,974	.....
Salaries and Expenses	67,336	83,652	67,336	.....	— 16,316
Subtotal, Infectious diseases	137,636	181,926	165,610	+ 27,974	— 16,316
Lead Poisoning Prevention:					
Program	31,457	30,457	30,457	— 1,000	.....
Salaries and Expenses	6,748	7,748	6,748	.....	— 1,000
Subtotal, Lead Poisoning Prevention	38,205	38,205	37,205	— 1,000	— 1,000
Injury Control:					
Program	38,756	49,494	63,994	+ 25,238	+ 14,500
Salaries and Expenses	18,825	21,004	18,825	.....	— 2,179
Subtotal, Injury Control	57,581	70,498	82,819	+ 25,238	+ 12,321
Occupational Safety and Health (NIOSH): 8					
Program	78,744	87,415	93,744	+ 15,000	+ 6,329
Salaries and Expenses	121,256	124,434	121,256	.....	— 3,178
Subtotal, Occupational Safety and Health	200,000	211,849	215,000	+ 15,000	+ 3,151
Epidemic Services:					
Program	30,432	25,865	25,865	— 4,567	.....
Salaries and Expenses	55,484	59,183	55,484	.....	— 3,699
Subtotal, Epidemic Services	85,916	85,048	81,349	— 4,567	— 3,699
Office of the Director:					
Budget Authority	30,440	30,322	32,322	+ 1,882	+ 2,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
1 percent Set Aside	(696)	.....	.....	( - 696)	.....
Office of the Director, program level	(31,136)	(30,322)	(32,322)	(+ 1,186)	(+ 2,000)
National Center for Health Statistics:					
Program Operations: Budget Authority	9,522	.....	.....	- 9,522	.....
Salaries and expenses:					
Budget Authority	17,249	.....	.....	- 17,249	.....
1 percent evaluation funds (NA)	(67,793)	(109,573)	(109,573)	(+ 41,780)	.....
Subtotal, Health Statistics program level	(94,564)	(109,573)	(109,573)	(+ 15,009)	.....
Buildings and Facilities	17,800	39,800	39,800	+ 22,000	.....
Prevention research:					
Program	11,995	12,000	12,000	+ 5	.....
Salaries and Expenses	3,000	3,000	3,000	.....	.....
Subtotal, Prevention research	14,995	15,000	15,000	+ 5	.....
Health disparities demonstration:					
Program	9,397	31,697	31,697	+ 22,300	.....
Salaries and Expenses	600	3,303	3,303	+ 2,703	.....
Subtotal, Health disparities demonstration	9,997	35,000	35,000	+ 25,003	.....
Bioterrorism Emergency	123,600	.....	.....	- 123,600	.....
Reimbursement to Calvin County, MI (hep A outbreak)	322	.....	.....	- 322	.....
Year 2000 Computer Conversion (Emergency Funding)	4,900	.....	.....	- 4,900	.....

Undistributed .....	.....	104	104	+ 104	.....
Subtotal, Centers for Disease Control	2,720,315	2,769,440	2,751,838	+ 31,523	— 17,602
Crime Bill Activities:					
Crime Trust Fund:					
Rape Prevention and Education	44,986	45,000	45,000	+ 14	.....
Domestic Violence Community Demonstrations	5,998	6,000	6,000	+ 2	.....
Subtotal, Crime bill activities	50,984	51,000	51,000	+ 16	.....
Total, Disease Control	2,771,299	2,820,440	2,802,838	+ 31,539	— 17,602
NATIONAL INSTITUTES OF HEALTH					
National Cancer Institute	2,902,375	2,732,795	3,286,859	+ 384,484	+ 554,064
AIDS (NA) .....	.....	(240,124)	.....	.....	(— 240,124)
Subtotal, NCI	(2,902,375)	(2,972,919)	(3,286,859)	(+ 384,484)	(+ 313,940)
National Heart, Lung, and Blood Institute	1,782,577	1,759,806	2,001,185	+ 218,608	+ 241,379
AIDS (NA) .....	.....	(66,043)	.....	.....	(— 66,043)
Subtotal, NHLBI	(1,782,577)	(1,825,849)	(2,001,185)	(+ 218,608)	(+ 175,336)
National Institute of Dental and Craniofacial Research	238,318	225,709	267,543	+ 29,225	+ 41,834
AIDS (NA) .....	.....	(18,397)	.....	.....	(— 18,397)
Subtotal, NIDR	(238,318)	(244,106)	(267,543)	(+ 29,225)	(+ 23,437)
National Institute of Diabetes and Digestive and Kidney Diseases	996,848	1,002,747	1,130,056	+ 133,208	+ 127,309
AIDS (NA) .....	.....	(18,322)	.....	.....	(— 18,322)
Subtotal, NIDDK	(996,848)	(1,021,069)	(1,130,056)	(+ 133,208)	(+ 108,987)
National Institute of Neurological Disorders and Stroke	899,119	890,816	1,019,271	+ 120,152	+ 128,455
AIDS (NA) .....	.....	(30,154)	.....	.....	(— 30,154)
Subtotal, NINDS	(899,119)	(920,970)	(1,019,271)	(+ 120,152)	(+ 98,301)
National Institute of Allergy and Infectious Diseases	1,576,104	789,156	1,786,718	+ 210,614	+ 997,562

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
AIDS (NA) .....	.....	(825,294)	.....	.....	( - 825,294)
Subtotal, NIAID	(1,576,104)	(1,614,450)	(1,786,718)	(+ 210,614)	(+ 172,268)
National Institute of General Medical Sciences	1,197,597	1,194,068	1,352,843	+ 155,246	+ 158,775
AIDS (NA) .....	.....	(32,630)	.....	.....	( - 32,630)
Subtotal, NIGMS	(1,197,597)	(1,226,698)	(1,352,843)	(+ 155,246)	(+ 126,145)
National Institute of Child Health and Human Development	753,406	694,114	848,044	+ 94,638	+ 153,930
AIDS (NA) .....	.....	(77,599)	.....	.....	( - 77,599)
Subtotal, NICHD	(753,406)	(771,713)	(848,044)	(+ 94,638)	(+ 76,331)
National Eye Institute	396,896	395,935	445,172	+ 48,276	+ 49,237
AIDS (NA) .....	.....	(10,604)	.....	.....	( - 10,604)
Subtotal, NEI	(396,896)	(406,539)	(445,172)	(+ 48,276)	(+ 38,633)
National Institute of Environmental Health Sciences	388,477	390,718	436,113	+ 47,636	+ 45,395
AIDS (NA) .....	.....	(7,194)	.....	.....	( - 7,194)
Subtotal, NIEHS	(388,477)	(397,912)	(436,113)	(+ 47,636)	(+ 38,201)
National Institute on Aging	600,136	612,599	680,332	+ 80,196	+ 67,733
AIDS (NA) .....	.....	(2,118)	.....	.....	( - 2,118)
Subtotal, NIA	(600,136)	(614,717)	(680,332)	(+ 80,196)	(+ 65,615)
National Institute of Arthritis and Musculoskeletal and Skin Diseases	307,284	309,953	350,429	+ 43,145	+ 40,476

AIDS (NA) .....	.....	(4,797)	.....	.....	( – 4,797)
Subtotal, NIAMS	(307,284)	(314,750)	(350,429)	(+ 43,145)	(+ 35,679)
National Institute on Deafness and Other Communication Disorders	231,547	235,297	261,962	+ 30,415	+ 26,665
AIDS (NA) .....	.....	(1,874)	.....	.....	( – 1,874)
Subtotal, NIDCD	(231,547)	(237,171)	(261,962)	(+ 30,415)	(+ 24,791)
National Institute of Nursing Research	70,031	65,335	90,000	+ 19,969	+ 24,665
AIDS (NA) .....	.....	(6,395)	.....	.....	( – 6,395)
Subtotal, NINR	(70,031)	(71,730)	(90,000)	(+ 19,969)	(+ 18,270)
National Institute on Alcohol Abuse and Alcoholism	259,202	248,916	291,247	+ 32,045	+ 42,331
AIDS (NA) .....	.....	(16,581)	.....	.....	( – 16,581)
Subtotal, NIAAA	(259,202)	(265,497)	(291,247)	(+ 32,045)	(+ 25,750)
National Institute on Drug Abuse	607,979	429,246	682,536	+ 74,557	+ 253,290
AIDS (NA) .....	.....	(193,505)	.....	.....	( – 193,505)
Subtotal, NIDA	(607,979)	(622,751)	(682,536)	(+ 74,557)	(+ 59,785)
National Institute of Mental Health	855,210	758,892	969,494	+ 114,284	+ 210,602
AIDS (NA) .....	.....	(117,101)	.....	.....	( – 117,101)
Subtotal, NIMH	(855,210)	(875,993)	(969,494)	(+ 114,284)	(+ 93,501)
National Human Genome Research Institute	269,086	271,536	337,322	+ 68,236	+ 65,786
AIDS (NA) .....	.....	(4,086)	.....	.....	( – 4,086)
Subtotal, NHGRI	(269,086)	(275,622)	(337,322)	(+ 68,236)	(+ 61,700)
National Center for Research Resources	554,643	469,684	625,988	+ 71,345	+ 156,304
Fiscal year 2001 advance .....	.....	.....	30,000	+ 30,000	+ 30,000
Subtotal, program level	554,643	469,684	655,988	+ 101,345	+ 186,304
AIDS (NA) .....	.....	(98,435)	.....	.....	( – 98,435)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Subtotal, NCRR	(554,643)	(568,119)	(655,988)	(+ 101,345)	(+ 87,869)
National Center for Complementary and Alternative Medicine	50,000	50,168	56,214	+ 6,214	+ 6,046
John E. Fogarty International Center	35,415	23,498	43,723	+ 8,308	+ 20,225
AIDS (NA)		(12,776)			(- 12,776)
Subtotal, FIC	(35,415)	(36,274)	(43,723)	(+ 8,308)	(+ 7,449)
National Library of Medicine	181,309	181,443	210,183	+ 28,874	+ 28,740
AIDS (NA)		(4,211)			(- 4,211)
Subtotal, NLM	(181,309)	(185,654)	(210,183)	(+ 28,874)	(+ 24,529)
Office of the Director	256,462	218,153	299,504	+ 43,042	+ 81,351
AIDS (NA)		(44,556)			(- 44,556)
Subtotal, OD	(256,462)	(262,709)	(299,504)	(+ 43,042)	(+ 36,795)
Buildings and facilities:					
Current year	197,456	108,376	100,732	- 96,724	- 7,644
Advance for subsequent year	40,000			- 40,000	
Advance from prior year		(40,000)	(40,000)	(+ 40,000)	
Office of AIDS Research		1,833,826			- 1,833,826
Year 2000 Computer Conversion (Emergency Funding)	5,993			- 5,993	
Undistributed					
Total N.I.H.: Current Year	15,613,470	15,892,786	17,573,470	+ 1,960,000	+ 1,680,684

Advance from prior year .....	.....	40,000	40,000	+ 40,000	.....
Total N.I.H. funding available	15,613,470	15,932,786	17,613,470	+ 2,000,000	+ 1,680,684
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION					
Mental Health:					
Knowledge development and application	97,932	97,964	137,932	+ 40,000	+ 39,968
Mental Health Performance Partnership	288,723	358,816	310,000	+ 21,277	— 48,816
Children's Mental Health	77,974	78,000	78,000	+ 26	.....
Grants to States for the Homeless (PATH)	25,991	31,000	31,000	+ 5,009	.....
Protection and Advocacy	22,949	22,957	25,000	+ 2,051	+ 2,043
Subtotal, mental health	513,569	588,737	581,932	+ 68,363	— 6,805
Substance Abuse Treatment:					
Knowledge Development and Application	116,636	116,636	116,636	.....	.....
Targeted capacity expansion	55,174	110,232	110,232	+ 55,058	.....
Substance Abuse Performance Partnership	1,584,492	1,615,000	1,615,000	+ 30,508	.....
Subs. Abuse Partnership Fiscal year 2001 advance .....	.....	100,000	100,000	+ 100,000	.....
Subtotal, Sub Abuse Treatment, current year	1,756,302	1,841,868	1,841,868	+ 85,566	.....
Subtotal, Sub Abuse Treatment, program level	1,756,302	1,941,868	1,941,868	+ 185,566	.....
Substance Abuse Prevention:					
Knowledge Development and Application	78,717	52,717	82,717	+ 4,000	+ 30,000
Targeted capacity expansion	78,230	78,283	78,283	+ 53	.....
High Risk Youth Grants	6,997	7,000	7,000	+ 3	.....
Subtotal, Substance abuse prevention	163,944	138,000	168,000	+ 4,056	+ 30,000
Program Management and Buildings and Facilities	53,498	57,900	58,900	+ 5,402	+ 1,000
Total, Substance Abuse and Mental Health	2,487,313	2,726,505	2,750,700	+ 263,387	+ 24,195
Current Year	(2,487,313)	(2,626,505)	(2,650,700)	(+ 163,387)	(+ 24,195)
Advance Year .....	.....	(100,000)	(100,000)	(+ 100,000)	.....
RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS					
Retirement payments	159,251	172,045	172,045	+ 12,794	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Survivors benefits	11,531	11,906	11,906	+ 375	.....
Dependents' medical care	28,541	29,626	29,626	+ 1,085	.....
Military services credits	2,312	1,328	1,328	- 984	.....
Total, Retirement pay and medical benefits	201,635	214,905	214,905	+ 13,270	.....
AGENCY FOR HEALTH CARE POLICY AND RESEARCH					
Research on Health Care Systems Cost and Access:					
Federal Funds	98,035	24,326	17,163	- 80,872	- 7,163
1 percent evaluation funding (NA)	(42,847)	(143,588)	(155,751)	(+ 112,904)	(+ 12,163)
Subtotal	(140,882)	(167,914)	(172,914)	(+ 32,032)	(+ 5,000)
Health insurance and expenditure surveys: 1 percent evaluation funding (NA)	(27,800)	(36,000)	(36,000)	(+ 8,200)	.....
Program Support	4,136	2,341	2,341	- 1,795	.....
Total, AHCPR	(172,818)	(206,255)	(211,255)	(+ 38,437)	(+ 5,000)
Federal Funds	102,171	26,667	19,504	- 82,667	- 7,163
1 percent evaluation funding (non-add)	(70,647)	(179,588)	(191,751)	(+ 121,104)	(+ 12,163)
Total, Public Health Service	25,500,333	25,890,074	27,824,603	+ 2,324,270	+ 1,934,529
Current Year	(25,460,333)	(25,790,074)	(27,694,603)	(+ 2,234,270)	(+ 1,904,529)
Advance Year	(40,000)	(100,000)	(130,000)	(+ 90,000)	(+ 30,000)
HEALTH CARE FINANCING ADMINISTRATION					
GRANTS TO STATES FOR MEDICAID					
Medicaid current law benefits	102,265,000	108,257,500	108,257,500	+ 5,992,500

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State and local administration	5,740,376	6,018,455	6,018,455	+ 278,079
Vaccines for Children	528,240	545,043	545,043	+ 16,803
Subtotal, Medicaid program level, current year.. 108,533,616	114,820,998	114,820,998	+ 6,287,382	.....
Carryover balance	— 6,012,383	.....	.....	+ 6,012,383	.....
Less funds advanced in prior year	— 27,800,689	— 28,733,605	— 28,733,605	— 932,916	.....
Total, request, current year	74,720,544	86,087,393	86,087,393	+ 11,366,849	.....
New advance 1st quarter, fiscal year 2001	28,733,605	30,589,003	30,589,003	+ 1,855,398	.....
PAYMENTS TO HEALTH CARE TRUST FUNDS					
Supplemental medical insurance	61,879,000	68,690,000	68,690,000	+ 6,811,000	.....
Hospital insurance for the uninsured	555,000	349,000	349,000	— 206,000	.....
Federal uninsured payment	97,000	121,000	121,000	+ 24,000	.....
Program management	292,000	129,100	129,100	— 162,900	.....
Total, Payments to Trust Funds, current law	62,823,000	69,289,100	69,289,100	+ 6,466,100	.....
PROGRAM MANAGEMENT					
Research, demonstration, and evaluation:					
Regular Program	50,000	55,000	65,000	+ 15,000	+ 10,000
Medicare Contractors	1,265,081	1,367,053	1,244,000	— 21,081	— 123,053
User Fee legislative proposal .....	.....	— 92,750	.....	.....	+ 92,750
H.R. 3103 funding (NA)	(560,000)	(630,000)	(630,000)	(+ 70,000)	.....
Subtotal, Medicare Contractors limit'n on new BA	1,265,081	1,274,303	1,244,000	— 21,081	— 30,303
Subtotal, Contractors program level	(1,825,081)	(1,904,303)	(1,874,000)	(+ 48,919)	(— 30,303)
State Survey and Certification	175,000	269,347	204,347	+ 29,347	— 65,000
User fee legislative proposal .....	.....	— 65,000	.....	.....	+ 65,000
Federal Administration:					
Year 2000 Computer Conversion (Emergency Funding)	(196,954)	.....	.....	( — 196,954)	.....
Federal Administration	457,784	521,203	480,000	+ 22,216	— 41,203
User Fees	— 1,984	— 2,026	— 2,026	— 42	.....
User fee legislative proposal .....	.....	— 36,700	.....	.....	+ 36,700

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Subtotal, Federal Administration	652,754	482,477	477,974	- 174,780	- 4,503
Total, Program management	2,142,835	2,016,127	1,991,321	- 151,514	- 24,806
Total, Program Management program level	(2,702,835)	(2,646,127)	(2,621,321)	(- 81,514)	(- 24,806)
Medicare Trust Fund Activity:					
Hospital Insurance TF (1)	(- 6,800,000)	.....	.....	(+ 6,800,000)	.....
Supplemental Medical Ins. TF (2)	(- 300,000)	.....	.....	(+ 300,000)	.....
Total, Health Care Financing Administration	168,419,984	187,981,623	187,956,817	+ 19,536,833	- 24,806
Federal funds	166,277,149	185,965,496	185,965,496	+ 19,688,347	.....
Current year	(137,543,544)	(155,376,493)	(155,376,493)	(+ 17,832,949)	.....
New advance, 1st quarter, fiscal year 2001	(28,733,605)	(30,589,003)	(30,589,003)	(+ 1,855,398)	.....
Trust funds	2,142,835	2,016,127	1,991,321	- 151,514	- 24,806
ADMINISTRATION FOR CHILDREN AND FAMILIES					
PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS					
Aid to Families with Dependent Children (AFDC)	35,000	.....	.....	- 35,000	.....
Quality control liabilities	- 25,000	.....	.....	+ 25,000	.....
Payments to territories	38,000	38,000	38,000	.....	.....
Emergency assistance	65,000	.....	.....	- 65,000	.....
Repatriation	1,000	1,000	1,000	.....	.....
Subtotal, Welfare payments	114,000	39,000	39,000	- 75,000	.....

Child Support Enforcement:					
State and local administration	2,572,800	2,823,000	2,823,000	+ 250,200	.....
Federal incentive payments	385,000	354,000	354,000	— 31,000	.....
Hold Harmless payments	41,000	65,000	65,000	+ 24,000	.....
Access and visitation	10,000	10,000	10,000		.....
Repeal of hold harmless payments ¹¹		— 65,000			+ 65,000
Change match rate for paternity testing ¹¹		— 9,200			+ 9,200
Subtotal, Welfare payments	3,008,800	3,177,800	3,252,000	+ 243,200	+ 74,200
Total, Payments, current year program level	3,122,800	3,216,800	3,291,000	+ 168,200	+ 74,200
Less funds advanced in previous years	— 660,000	— 750,000	— 750,000	— 90,000	.....
Total, payments, current request	2,462,800	2,466,800	2,541,000	+ 78,200	+ 74,200
New advance, 1st quarter, fiscal year 2001	750,000	650,000	650,000	— 100,000	.....
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM					
Advance from prior year (NA)	(1,100,000)	(1,100,000)	(1,100,000)		.....
New Emergency Allocation (NA)	(300,000)	(300,000)	(300,000)		.....
Advance funding fiscal year 2001	1,100,000	1,100,000	1,100,000		.....
REFUGEE AND ENTRANT ASSISTANCE					
Transitional and Medical Services	220,628	220,698	220,698	+ 70	.....
Social Services	139,946	147,990	147,990	+ 8,044	.....
Preventive Health	4,833	4,835	4,835	+ 2	.....
Targeted Assistance	49,461	49,477	49,477	+ 16	.....
Victims of Torture		7,500	7,500	+ 7,500	.....
Contingent emergency appropriation	100,000			— 100,000	.....
Total, Refugee and entrant assistance (BA)	514,868	430,500	430,500	— 84,368	.....
CHILD CARE AND DEVELOPMENT BLOCK GRANT:					
Advance funding from prior year (NA)	(1,000,000)	(1,182,672)	(1,182,672)	(+ 182,672)	.....
Advance funding fiscal year 2001	1,182,672	1,182,672	1,182,672		.....
SOCIAL SERVICES BLOCK GRANT (Title XX)	1,909,000	2,380,000	1,050,000	— 859,000	— 1,330,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
CHILDREN AND FAMILIES SERVICES PROGRAMS					
Programs for Children, Youth, and Families:					
Head Start	4,658,517	5,267,000	3,367,000	- 1,291,517	- 1,900,000
Fiscal year 2001 appropriation .....	.....	.....	(1,900,000)	(+ 1,900,000)	(+ 1,900,000)
Subtotal, Head Start	4,658,517	5,267,000	5,267,000	+ 608,483	.....
Runaway and Homeless Youth	43,639	43,653	43,653	+ 14	.....
Runaway Youth—Transitional Living	14,944	19,949	19,949	+ 5,005	.....
Subtotal, runaway	58,583	63,602	63,602	+ 5,019	.....
Child Abuse State Grants	21,019	21,026	21,026	+ 7	.....
Child Abuse Discretionary Activities	14,149	14,154	22,154	+ 8,005	+ 8,000
Abandoned Infants Assistance	12,247	12,251	12,251	+ 4	.....
Child Welfare Services	291,896	291,989	291,989	+ 93	.....
Child Welfare Training	6,998	7,000	7,000	+ 2	.....
Adoption Opportunities	24,992	27,363	26,000	+ 1,008	- 1,363
Adoption Incentive	19,994	20,000	20,000	+ 6	.....
Battered Women's shelters .....	.....	.....	13,500	+ 13,500	+ 13,500
Social Services and Income Maintenance Research	36,988	26,000	36,991	+ 3	+ 10,991
Community Based Resource Centers	32,825	32,835	32,835	+ 10	.....
Developmental disabilities program:					
State Councils	64,782	64,803	66,803	+ 2,021	+ 2,000
Protection and Advocacy	26,710	26,718	28,718	+ 2,008	+ 2,000
Developmental Disabilities Special Projects	10,247	10,250	11,250	+ 1,003	+ 1,000

Developmental Disabilities University Affiliated	17,455	17,461	18,961	+ 1,506	+ 1,500
Subtotal, Developmental disabilities	119,194	119,232	125,732	+ 6,538	+ 6,500
Native American Programs	34,922	34,933	36,922	+ 2,000	+ 1,989
Community services:					
Grants to States for Community Services	499,841	500,000	500,000	+ 159	.....
Community initiative program:					
Economic Development	30,055	.....	30,065	+ 10	+ 30,065
Rural Community Facilities	3,499	.....	3,500	+ 1	+ 3,500
Subtotal, discretionary funds	33,554	.....	33,565	+ 11	+ 33,565
National Youth Sports	14,995	.....	15,000	+ 5	+ 15,000
Community Food and Nutrition	4,999	.....	6,500	+ 1,501	+ 6,500
Subtotal, Community services	553,389	500,000	555,065	+ 1,676	+ 55,065
Program Direction	144,454	150,568	150,568	+ 6,114	.....
Year 2000 Computer Conversion (Emergency Funding)	24,071	.....	.....	- 24,071	.....
Total, Children and Families Services Programs	6,054,238	6,587,953	6,682,635	+ 628,397	+ 94,682
Current Year	(6,054,238)	(6,587,953)	(4,782,635)	(- 1,271,603)	(- 1,805,318)
Fiscal year 2001 appropriations .....	.....	.....	(1,900,000)	(+ 1,900,000)	(+ 1,900,000)
VIOLENT CRIME REDUCTION PROGRAMS:					
Crime Trust Funds:					
Runaway Youth Prevention	14,995	15,000	15,000	+ 5	.....
Domestic Violence Hotline	1,200	1,200	1,200	.....	.....
Battered Women's Shelters	88,772	102,300	88,800	+ 28	- 13,500
Total, Violent crime reduction programs	104,967	118,500	105,000	+ 33	- 13,500
Rescission of permanent appropriations	- 21,000	.....	.....	+ 21,000	.....
PROMOTING SAFE AND STABLE FAMILIES	275,000	295,000	295,000	+ 20,000	.....
PAYMENTS TO STATES FOR FOSTER CARE AND ADOPTION ASSISTANCE					
Foster Care	3,982,700	4,537,200	4,537,200	+ 554,500	.....
Adoption Assistance	868,800	1,020,100	1,020,100	+ 151,300	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Independent living	70,000	105,000	105,000	+ 35,000	.....
Independent living expansion .....	.....	5,000	5,000	+ 5,000	.....
Total, Program level: Payments to States	4,921,500	5,667,300	5,667,300	+ 745,800	.....
Less Advances from Prior Year	- 1,157,500	- 1,355,000	- 1,355,000	- 197,500	.....
Total, request, current year	3,764,000	4,312,300	4,312,300	+ 548,300	.....
New Advance, 1st quarter, fiscal year 2001	1,355,000	1,538,000	1,538,000	+ 183,000	.....
Total, Administration for Children and Families	19,451,545	21,061,725	17,987,107	- 1,464,438	- 3,074,618
Current year	(15,063,873)	(16,591,053)	(13,516,435)	(- 1,547,438)	(- 3,074,618)
Advance year	(4,387,672)	(4,470,672)	(4,470,672)	(+ 83,000)	.....
ADMINISTRATION ON AGING					
Grants to States:					
Supportive Services and Centers	300,192	310,082	310,082	+ 9,890	.....
Preventive Health	16,123	16,123	16,123	.....	.....
Title VII	12,181	12,181	13,181	+ 1,000	+ 1,000
Nutrition:					
Congregate Meals	374,258	374,412	374,412	+ 154	.....
Home Delivered Meals	112,000	147,000	147,000	+ 35,000	.....
Frail Elderly In-Home Services	9,763	.....	.....	- 9,763	.....
Grants to Indians	18,457	18,457	18,457	.....	.....
Aging Research, Training and Special Projects	18,000	18,000	26,000	+ 8,000	+ 8,000
Alzheimer's Initiative	5,970	5,970	5,970	.....	.....

Program Administration	15,395	16,830	16,830	+ 1,435	.....
National Family Caregiver Support ¹² .....	.....	125,000	.....	.....	— 125,000
Health Disparities Interventions .....	.....	4,000	.....	.....	— 4,000
Total, Administration on Aging	882,339	1,048,055	928,055	+ 45,716	— 120,000
OFFICE OF THE SECRETARY					
GENERAL DEPARTMENTAL MANAGEMENT:					
Federal Funds	108,291	120,074	115,243	+ 6,952	— 4,831
Trust Funds	5,851	6,851	6,517	+ 666	— 334
1 percent Evaluation funds (ASPE) (NA)	(20,552)	(20,552)	(20,552)	.....	.....
Subtotal	(134,694)	(147,477)	(142,312)	(+ 7,618)	(— 5,165)
(Nursing Home initiative)	(1,000)	(9,500)	(9,500)	(+ 8,500)	.....
Year 2000 Computer Conversion (Emergency Funding)	2,419	.....	.....	— 2,419	.....
Adolescent Family Life (Title XX)	17,700	9,200	19,700	+ 2,000	+ 10,500
Physical Fitness and Sports	1,005	1,097	1,097	+ 92	.....
Minority health	36,000	28,000	28,000	— 8,000	.....
Office of women's health	15,495	17,522	15,495	.....	— 2,027
Office of Emergency Preparedness	25,000	9,668	9,668	— 15,332	.....
Minority AIDS Emergency Funding	50,000	.....	.....	— 50,000	.....
Health Care Access for the Uninsured .....	.....	25,000	.....	.....	— 25,000
U.S. Surgeon general violence initiative .....	.....	.....	4,000	+ 4,000	+ 4,000
Total, General Departmental Management	261,761	217,412	199,720	— 62,041	— 17,692
Federal funds	255,910	210,561	193,203	— 62,707	— 17,358
Trust funds	5,851	6,851	6,517	+ 666	— 334
OFFICE OF THE INSPECTOR GENERAL:					
Federal Funds	34,391	31,500	35,000	+ 609	+ 3,500
HIPAA funding (NA)	(100,000)	(120,000)	(120,000)	(+ 20,000)	.....
Total, Inspector General program level	(134,391)	(151,500)	(155,000)	(+ 20,609)	(+ 3,500)
OFFICE FOR CIVIL RIGHTS:					
Federal Funds	17,338	18,845	18,845	+ 1,507	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Trust Funds	3,314	3,314	3,314	.....	.....
Total, Office for Civil Rights	20,652	22,159	22,159	+ 1,507	.....
Policy Research	13,996	14,000	15,000	+ 1,004	+ 1,000
Public Health and Social Service Fund:					
Emergency fund	(223,422)	.....	.....	(- 223,422)	.....
Discretionary .....	.....	386,022	475,000	+ 475,000	+ 88,978
Total	(223,422)	(386,022)	(475,000)	(+ 251,578)	(+ 88,978)
Total, Office of the Secretary	330,800	671,093	746,879	+ 416,079	+ 75,786
Federal funds	321,635	660,928	737,048	+ 415,413	+ 76,120
Trust funds	9,165	10,165	9,831	+ 666	- 334
Total, Department of Health and Human Services	214,585,001	236,652,570	235,443,461	+ 20,858,460	- 1,209,109
Federal Funds	212,433,001	234,626,278	233,442,309	+ 21,009,308	- 1,183,969
Current year	(179,271,724)	(199,466,603)	(198,252,634)	(+ 18,980,910)	(- 1,213,969)
Advance year	(33,161,277)	(35,159,675)	(35,189,675)	(+ 2,028,398)	(+ 30,000)
Trust funds	2,152,000	2,026,292	2,001,152	- 150,848	- 25,140
TITLE III—DEPARTMENT OF EDUCATION					
EDUCATION REFORM					
Goals 2000: Educate America Act:					
State Grants forward funded	459,500	459,500	114,875	- 344,625	- 344,625
Fiscal year 2001 advance .....	.....	.....	344,625	+ 344,625	+ 344,625

State Grants current funded	1,500	1,500	1,500	.....	.....
Parental Assistance	30,000	30,000	33,000	+ 3,000	+ 3,000
Subtotal, Goals 2000	491,000	491,000	494,000	+ 3,000	+ 3,000
School-to-Work Opportunities	125,000	55,000	55,000	— 70,000	.....
Education Technology:					
Technology Literacy Challenge Fund	425,000	450,000	425,000	.....	— 25,000
Technology Innovation Challenge Fund	115,100	110,000	115,100	.....	+ 5,100
Regional Technology in Education Consortia	10,000	10,000	10,000	.....	.....
Subtotal	550,100	570,000	550,100	.....	— 19,900
National Activities:					
Technology Leadership Activities	2,000	2,000	2,000	.....	.....
Teacher Training in Technology	75,000	75,000	75,000	.....	.....
Community-Based Technology Centers	10,000	65,000	10,000	.....	— 55,000
Middle School Teacher Training .....	.....	30,000	.....	.....	— 30,000
Software Development Initiative .....	.....	5,000	.....	.....	— 5,000
Subtotal	87,000	177,000	87,000	.....	— 90,000
Star Schools	45,000	45,000	45,000	.....	.....
Ready to Learn Television	11,000	7,000	16,000	+ 5,000	+ 9,000
Telcom Demo Project for Mathematics	5,000	2,000	8,500	+ 3,500	+ 6,500
Subtotal, Education technology	698,100	801,000	706,600	+ 8,500	— 94,400
21st Century Community Learning Centers ¹³	200,000	600,000	400,000	+ 200,000	— 200,000
Total, Education Reform	1,514,100	1,947,000	1,655,600	+ 141,500	— 291,400
Current Year	(1,514,100)	(1,947,000)	(1,310,975)	(— 203,125)	(— 636,025)
Advance year .....	.....	.....	(344,625)	(+ 344,625)	(+ 344,625)
EDUCATION FOR THE DISADVANTAGED					
Grants to Local Education Agencies (LEAs):					
Basic Grants:					
Advance from prior year	(1,448,386)	(5,046,366)	(5,046,366)	(+ 3,597,980)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Forward funded	1,524,134	1,844,134	1,844,134	+ 320,000	.....
Current funded	3,500	3,500	3,500	.....	.....
Subtotal, Basic grants current year funding	1,527,634	1,847,634	1,847,634	+ 320,000	.....
Subtotal, Basic grants total funds available	(2,976,020)	(6,894,000)	(6,894,000)	(+ 3,917,980)	.....
Basic Grant Fiscal Year 2001 Advance	5,046,366	4,292,366	5,046,366	.....	+ 754,000
Subtotal, Basic grants, program level	(6,574,000)	(6,140,000)	(6,894,000)	(+ 320,000)	(+ 754,000)
Concentration Grants—Advance from prior year .....	.....	(1,102,020)	(1,158,397)	(+ 1,158,397)	(+ 56,377)
Concentration Grants Fiscal Year 2001 Advance	1,158,397	1,100,000	1,158,397	.....	+ 58,397
Targeted Grants Fiscal Year 2001 Advance .....	.....	756,020	.....	.....	- 756,020
Subtotal, Grants to LEAs	7,732,397	7,996,020	8,052,397	+ 320,000	+ 56,377
Capital Expenses for Private School Children	24,000	.....	15,000	- 9,000	+ 15,000
Even Start	135,000	145,000	145,000	+ 10,000	.....
State agency programs:					
Migrant	354,689	380,000	354,689	.....	- 25,311
Neglected and Delinquent/High Risk Youth	40,311	42,000	42,000	+ 1,689	.....
Evaluation	7,500	8,900	8,900	+ 1,400	.....
Comprehensive School Reform Demonstration	120,000	150,000	120,000	.....	- 30,000
Total, ESEA	8,413,897	8,721,920	8,737,986	+ 324,089	+ 16,066

Migrant education:					
High School Equivalency Program	9,000	15,000	9,000	.....	— 6,000
College Assistance Migrant Program	4,000	7,000	4,000	.....	— 3,000
Subtotal, migrant education	13,000	22,000	13,000	.....	— 9,000
Total, Education for the disadvantaged	8,426,897	8,743,920	8,750,986	+ 324,089	+ 7,066
Current year	(2,222,134)	(2,595,534)	(2,546,223)	(+ 324,089)	(— 49,311)
Advance year	(6,204,763)	(6,148,386)	(6,204,763)	.....	(+ 56,377)
Subtotal, forward funded	(2,198,134)	(2,561,134)	(2,520,823)	(+ 322,689)	(— 40,311)
IMPACT AID					
Basic Support Payments	704,000	684,000	725,000	+ 21,000	+ 41,000
Payments for Children with Disabilities	50,000	40,000	50,000	.....	+ 10,000
Payments for Heavily Impacted Districts (Sec. f)	70,000	.....	75,000	+ 5,000	+ 75,000
Subtotal	824,000	724,000	850,000	+ 26,000	+ 126,000
Facilities Maintenance (Sec. 8008)	5,000	5,000	5,000	.....	.....
Construction (Sec. 8007)	7,000	7,000	7,000	.....	.....
Payments for Federal Property (Sec. 8002)	28,000	.....	30,000	+ 2,000	+ 30,000
Total, Impact aid	864,000	736,000	892,000	+ 28,000	+ 156,000
SCHOOL IMPROVEMENT PROGRAMS					
Eisenhower Professional Development	335,000	335,000	335,000	.....	.....
Innovative Education (Education Block Grant)	375,000	.....	375,000	.....	+ 375,000
Teacher Assistance Initiative	1,200,000	1,400,000	300,000	— 900,000	— 1,100,000
Fiscal year 2001 advance .....	.....	.....	900,000	+ 900,000	+ 900,000
Subtotal, program level	1,200,000	1,400,000	1,200,000	.....	— 200,000
Safe and drug-free schools:					
State Grants	441,000	439,000	111,250	— 329,750	— 327,750
Fiscal year 2001 advance .....	.....	.....	339,750	+ 339,750	+ 339,750
National Programs	90,000	90,000	100,000	+ 10,000	+ 10,000
Coordinator Initiative	35,000	50,000	60,000	+ 25,000	+ 10,000

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FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Project SERV .....	.....	12,000	.....	.....	- 12,000
Subtotal, Safe and drug-free schools	125,000	152,000	160,000	+ 35,000	+ 8,000
Subtotal, program level	566,000	591,000	611,000	+ 45,000	+ 20,000
Inexpensive Book Distribution (RIF)	18,000	18,000	21,500	+ 3,500	+ 3,500
Arts in Education	10,500	10,500	12,500	+ 2,000	+ 2,000
Other school improvement programs:					
Magnet Schools Assistance	104,000	114,000	112,000	+ 8,000	- 2,000
Education for Homeless Children and Youth	28,800	31,700	28,800	.....	- 2,900
Women's Educational Equity	3,000	3,000	3,000	.....	.....
Training and Advisory Services (Civil Rights)	7,334	7,334	7,334	.....	.....
Ellender Fellowships/Close Up	1,500	.....	1,500	.....	+ 1,500
Education for Native Hawaiians	20,000	20,000	23,000	+ 3,000	+ 3,000
Alaska Native Education Equity	10,000	10,000	13,000	+ 3,000	+ 3,000
Charter Schools	100,000	130,000	100,000	.....	- 30,000
Subtotal, other school improvement programs	274,634	316,034	288,634	+ 14,000	- 27,400
Comprehensive Regional Assistance Centers	28,000	32,000	28,000	.....	- 4,000
Advanced Placement Fees	4,000	20,000	15,000	+ 11,000	- 5,000
Total, School improvement programs	2,811,134	2,722,534	2,886,634	+ 75,500	+ 164,100
Current Year	(2,811,134)	(2,722,534)	(1,646,884)	(- 1,164,250)	(- 1,075,650)
Advance year .....	.....	.....	(1,239,750)	(+ 1,239,750)	(+ 1,239,750)

Subtotal, forward funded	(2,381,300)	(2,205,700)	(1,151,550)	(– 1,229,750)	(– 1,054,150)
READING EXCELLENCE					
Reading Excellence Act	260,000	286,000	65,000	– 195,000	– 221,000
Fiscal year 2001 advance			195,000	+ 195,000	+ 195,000
Subtotal, program level	260,000	286,000	260,000	.....	– 26,000
INDIAN EDUCATION					
Grants to Local Educational Agencies	62,000	62,000	62,000	.....	.....
Special Programs for Indian Children	3,265	13,265	13,265	+ 10,000	.....
National Activities	735	1,735	1,735	+ 1,000	.....
Total, Indian Education	66,000	77,000	77,000	+ 11,000	.....
BILINGUAL AND IMMIGRANT EDUCATION					
Bilingual education:					
Instructional Services	160,000	170,000	165,000	+ 5,000	– 5,000
Support Services	14,000	14,000	14,000	.....	.....
Professional Development	50,000	75,000	55,000	+ 5,000	– 20,000
Immigrant Education	150,000	150,000	150,000	.....	.....
Foreign Language Assistance	6,000	6,000	10,000	+ 4,000	+ 4,000
Total, Bilingual and Immigrant Education	380,000	415,000	394,000	+ 14,000	– 21,000
SPECIAL EDUCATION					
State grants:					
Grants to States Part B advance funded .....	.....	1,925,000	2,201,059	+ 2,201,059	+ 276,059
Advance from prior year	(210,000)	.....	.....	( – 210,000)	.....
Grants to States Part B current year	4,100,700	2,389,000	2,788,626	– 1,312,074	+ 399,626
Preschool Grants	373,985	402,435	390,000	+ 16,015	– 12,435
Grants for Infants and Families	370,000	390,000	375,000	+ 5,000	– 15,000
Subtotal, State grants program level	(5,054,685)	(5,106,435)	(5,754,685)	(+ 700,000)	(+ 648,250)
IDEA National Programs (Public Law 105–17):					
State Program Improvement Grants	35,200	45,200	35,200	.....	– 10,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Research and Innovation	64,508	64,508	64,508	.....	.....
Technical Assistance and Dissemination	44,556	44,556	44,556	.....	.....
Personnel Preparation	82,139	82,139	82,139	.....	.....
Parent Information Centers	18,535	22,535	18,535	.....	- 4,000
Technology and Media Services	33,023	34,523	34,523	+ 1,500	.....
Public Telecom Info/Training Dissemination	1,500	.....	1,500	.....	+ 1,500
Primary Education Intervention .....	.....	50,000	.....	.....	- 50,000
Subtotal, IDEA special programs reauthorization	279,461	343,461	280,961	+ 1,500	- 62,500
Total, Special education	5,124,146	5,449,896	6,035,646	+ 911,500	+ 585,750
Current Year	(5,124,146)	(3,524,896)	(3,834,587)	(- 1,289,559)	(+ 309,691)
Advance year .....	.....	(1,925,000)	(2,201,059)	(+ 2,201,059)	(+ 276,059)
Subtotal, Forward funded	(4,879,885)	(3,226,635)	(3,588,826)	(- 1,291,059)	(+ 362,191)
REHABILITATION SERVICES AND DISABILITY RESEARCH ¹⁴					
Vocational Rehabilitation State Grants	2,304,411	2,338,977	2,338,977	+ 34,566	.....
Client Assistance State grants	10,928	10,928	10,928	.....	.....
Training	39,629	41,629	39,629	.....	- 2,000
Demonstration and training programs	18,942	16,942	18,942	.....	+ 2,000
Migrant and seasonal farmworkers	2,350	2,350	2,350	.....	.....
Recreational programs	2,596	2,596	2,596	.....	.....
Protection and advocacy of individual rights (PAIR)	10,894	10,894	10,894	.....	.....
Projects with industry	22,071	22,071	22,071	.....	.....
Supported employment State grants	38,152	38,152	38,152	.....	.....

Independent living:					
State grants	22,296	22,296	22,296	.....	.....
Centers	46,109	50,886	48,000	+ 1,891	— 2,886
Services for older blind individuals	11,169	11,392	15,000	+ 3,831	+ 3,608
Subtotal, Independent living	79,574	84,574	85,296	+ 5,722	+ 722
Program Improvement	1,900	1,900	1,900	.....	.....
Evaluation	1,587	1,587	1,587	.....	.....
Helen Keller National Center for Deaf-Blind Youths and Adults	8,550	8,550	8,550	.....	.....
National Institute for Disability and Rehabilitation Research (NIDRR)	81,000	90,964	81,000	.....	— 9,964
Assistive Technology	30,000	45,000	30,000	.....	— 15,000
Subtotal, discretionary programs	348,173	378,137	353,895	+ 5,722	— 24,242
Total, Rehabilitation services	2,652,584	2,717,114	2,692,872	+ 40,288	— 24,242
SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES					
AMERICAN PRINTING HOUSE FOR THE BLIND	8,661	8,973	10,100	+ 1,439	+ 1,127
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF	45,500	.....	.....	— 45,500	.....
Operations .....	.....	45,274	45,500	+ 45,500	+ 226
Construction .....	.....	2,651	2,651	+ 2,651	.....
Total	45,500	47,925	48,151	+ 2,651	+ 226
GALLAUDET UNIVERSITY	83,480	.....	.....	— 83,480	.....
Operations .....	.....	82,620	83,000	+ 83,000	+ 380
Construction .....	.....	2,500	2,500	+ 2,500	.....
Total	83,480	85,120	85,500	+ 2,020	+ 380
Total, Special Inst for Persons with Disabilities	137,641	142,018	143,751	+ 6,110	+ 1,733
VOCATIONAL AND ADULT EDUCATION					
Vocational education:					
Basic State Grants	1,030,650	1,030,650	1,030,650	.....	.....
Tech-Prep Education	106,000	111,000	106,000	.....	— 5,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Tribally Controlled Postsecondary Vocational Institutions	4,100	4,100	4,600	+ 500	+ 500
National Programs	13,497	17,500	19,500	+ 6,003	+ 2,000
NOICC	9,000	.....	9,000	.....	+ 9,000
Subtotal, Vocational education	1,163,247	1,163,250	1,169,750	+ 6,503	+ 6,500
Adult education:					
State Grants	365,000	468,000	468,000	+ 103,000	.....
National programs:					
National Leadership Activities	14,000	101,000	14,000	.....	- 87,000
National Institute for Literacy	6,000	6,000	6,000	.....	.....
Subtotal, National programs	20,000	107,000	20,000	.....	- 87,000
Subtotal, adult education	385,000	575,000	488,000	+ 103,000	- 87,000
State Grants for Incarcerated Youth Offenders	16,723	12,000	19,000	+ 2,277	+ 7,000
Total, Vocational and adult education	1,564,970	1,750,250	1,676,750	+ 111,780	- 73,500
STUDENT FINANCIAL ASSISTANCE					
Pell Grants—maximum grant (NA)	(3,125)	(3,250)	(3,325)	(+ 200)	(+ 75)
Pell Grants—Regular Program	7,704,000	7,463,000	6,601,600	- 1,102,400	- 861,400
Fiscal year 2001 advance .....	.....	.....	1,176,400	+ 1,176,400	+ 1,176,400
Subtotal, program level	7,704,000	7,463,000	7,778,000	+ 74,000	+ 315,000
Federal Supplemental Educational Opportunity Grants	619,000	631,000	631,000	+ 12,000	.....

Federal Work Study	870,000	934,000	934,000	+ 64,000	.....
Federal Perkins loans:					
Capital Contributions	100,000	100,000	100,000	.....	.....
Loan Cancellations	30,000	30,000	30,000	.....	.....
Subtotal, Federal Perkins loans	130,000	130,000	130,000	.....	.....
LEAP program	25,000	25,000	25,000	.....	.....
Total, Student financial assistance	9,348,000	9,183,000	9,498,000	+ 150,000	+ 315,000
Current Year	(9,348,000)	(9,183,000)	(8,321,600)	(- 1,026,400)	(- 861,400)
Advance year .....	.....	.....	(1,176,400)	(+ 1,176,400)	(+ 1,176,400)
FEDERAL FAMILY EDUCATION LOAN PROGRAM					
Federal Administration	47,276	48,000	48,000	+ 724	.....
Direct Loan Program Year 2000 Comp Conv (Emergency)	531	.....	.....	- 531	.....
HIGHER EDUCATION					
Aid for institutional development:					
Strengthening Institutions	60,250	61,575	60,250	.....	- 1,325
Hispanic Serving Institutions	28,000	42,250	42,250	+ 14,250	.....
Strengthening Historically Black Colleges (HBCUs)	136,000	148,750	141,500	+ 5,500	- 7,250
Strengthening historically black graduate insts	30,000	32,000	31,000	+ 1,000	- 1,000
Strengthening Alaska / Native Hawaiian Instit	3,000	3,000	5,000	+ 2,000	+ 2,000
Strengthening Tribal Colleges	3,000	6,000	6,000	+ 3,000	.....
Subtotal, Institutional development	260,250	293,575	286,000	+ 25,750	- 7,575
Program development:					
Fund for the Improvement of Postsec. Ed. (FIPSE)	50,000	27,500	27,500	- 22,500	.....
Minority Science and Engineering Improvement	7,500	8,500	7,500	.....	- 1,000
International educ and foreign language studies:					
Domestic Programs	60,000	61,320	61,320	+ 1,320	.....
Overseas Programs	6,536	6,680	6,680	+ 144	.....
Institute for International Public Policy	1,000	1,022	1,022	+ 22	.....
Subtotal, International education	67,536	69,022	69,022	+ 1,486	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Urban Community Service	4,637	.....	.....	- 4,637	.....
Subtotal, Program development	129,673	105,022	104,022	- 25,651	- 1,000
Interest Subsidy Grants	13,000	12,000	12,000	- 1,000	.....
Federal TRIO Programs	600,000	630,000	630,000	+ 30,000	.....
GEAR UP	120,000	240,000	180,000	+ 60,000	- 60,000
Byrd Honors Scholarships	39,288	39,859	39,859	+ 571	.....
Graduate Assistance in Areas of National Need	31,000	41,000	51,000	+ 20,000	+ 10,000
Learning Anytime Anywhere Partnerships	10,000	20,000	10,000	.....	- 10,000
Teacher Quality Enhancement Grants	77,212	115,000	80,000	+ 2,788	- 35,000
Child Care Access Means Parents in School	5,000	5,000	5,000	.....	.....
Demonstration in Disabilities/Higher Education	5,000	5,000	5,000	.....	.....
Web Based Education Commission	450	.....	.....	- 450	.....
Underground Railroad Program	1,750	1,750	1,750	.....	.....
Preparing for College .....	.....	15,000	.....	.....	- 15,000
College Completion Challenge Grants .....	.....	35,000	.....	.....	- 35,000
D.C. Resident Tuition Support .....	.....	17,000	.....	.....	- 17,000
GPRA data/HEA program evaluation .....	.....	4,000	.....	.....	- 4,000
Total, Higher education	1,292,623	1,579,206	1,404,631	+ 112,008	- 174,575
HOWARD UNIVERSITY					
Academic Program	181,470	185,540	185,540	+ 4,070	.....
Endowment Program	3,530	3,530	3,530	.....	.....
Howard University Hospital	29,489	30,374	30,374	+ 885	.....

Total, Howard University	214,489	219,444	219,444	+ 4,955	.....
COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM: Federal Administration	698	737	737	+ 39	.....
HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING, PROGRAM ACCOUNT					
Federal Administration	96	207	207	+ 111	.....
EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT					
Research and statistics:					
Research	82,567	133,282	82,567	.....	— 50,715
Regional Educational Laboratories	61,000	65,000	65,000	+ 4,000	.....
Statistics	68,000	77,500	70,000	+ 2,000	— 7,500
Assessment:					
National Assessment	36,000	40,000	36,000	.....	— 4,000
National Assessment Governing Board	4,000	4,500	4,500	+ 500	.....
Subtotal, Assessment	40,000	44,500	40,500	+ 500	— 4,000
Subtotal, Research and statistics	251,567	320,282	258,067	+ 6,500	— 62,215
Fund for the Improvement of Education	139,000	139,500	139,500	+ 500	.....
International Education Exchange	7,000	7,000	7,000	.....	.....
Civic Education	7,500	9,500	9,500	+ 2,000	.....
Eisenhower Professional Dvp. Federal Activities	23,300	30,000	23,300	.....	— 6,700
Eisenhower Regional Math and Science Ed. Consortia	15,000	17,500	15,000	.....	— 2,500
Javits Gifted and Talented Education	6,500	6,500	6,500	.....	.....
National Writing Project	7,000	10,000	10,000	+ 3,000	.....
Total, ERSI	456,867	540,282	468,867	+ 12,000	— 71,415
DEPARTMENTAL MANAGEMENT					
PROGRAM ADMINISTRATION	364,521	386,000	378,184	+ 13,663	— 7,816
OFFICE FOR CIVIL RIGHTS	66,000	73,262	71,200	+ 5,200	— 2,062
OFFICE OF THE INSPECTOR GENERAL	31,242	34,000	34,000	+ 2,758	.....
Total, Departmental management	461,763	493,262	483,384	+ 21,621	— 9,878

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
STUDENT LOANS					
New Annual Loan Volume (including consolidation):					
Federal Family Education Loans (FFEL)	(21,932,000)	(21,932,000)	(21,932,000)	.....	.....
Federal Direct Student Loans (FDSL)	(12,002,000)	(12,002,000)	(12,002,000)	.....	.....
Total Outstanding Loan Volume:					
Federal Family Education Loans (FFEL)	(126,602,699)	(126,602,699)	(126,602,699)	.....	.....
Federal Direct Student Loans (FDSL)	(45,363,630)	(45,363,630)	(45,363,630)	.....	.....
Total, Department of Education	35,623,815	37,050,870	37,588,509	+ 1,964,694	+ 537,639
Current year	(29,419,052)	(28,977,484)	(26,226,912)	(- 3,192,140)	(- 2,750,572)
Advance year	(6,204,763)	(8,073,386)	(11,361,597)	(+ 5,156,834)	(+ 3,288,211)
TITLE IV—RELATED AGENCIES					
ARMED FORCES RETIREMENT HOME					
Operations and Maintenance	55,028	55,599	.....	- 55,028	- 55,599
Capital Program	15,717	12,696	.....	- 15,717	- 12,696
Total, AFRH	70,745	68,295	.....	- 70,745	- 68,295
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Domestic Volunteer Service Programs:					
Volunteers in Service to America (VISTA)	73,000	81,000	81,000	+ 8,000	.....
National Senior Volunteer Corps:					
Foster Grandparents Program	93,256	95,000	95,000	+ 1,744	.....
Senior Companion Program	36,573	39,031	39,031	+ 2,458	.....
Retired Senior Volunteer Program	43,001	46,001	46,001	+ 3,000	.....

Senior Demonstration Program	1,080	5,000	3,100	+ 2,020	— 1,900
Subtotal, Senior Volunteers	173,910	185,032	183,132	+ 9,222	— 1,900
Program Administration	29,929	33,500	29,129	— 800	— 4,371
Total, Domestic Volunteer Service Programs	276,839	299,532	293,261	+ 16,422	— 6,271
Corporation for Public Broadcasting:					
Fiscal year 2002 (current request) with fiscal year 2001 comparable	340,000	350,000	350,000	+ 10,000	.....
Fiscal year 2001 advance with fiscal year 2000 comparable (NA)	(300,000)	(340,000)	(340,000)	(+ 40,000)	.....
Fiscal year 2000 advance with fiscal year 1999 comparable (NA)	(250,000)	(300,000)	(300,000)	(+ 50,000)	.....
Digitalization program	15,000	20,000	.....	— 15,000	— 20,000
Satellite replacement supplemental fiscal year 1999 and fiscal year 2000	30,700	17,300	.....	— 30,700	— 17,300
Subtotal, fiscal year 2000 appropriation	295,700	337,300	300,000	+ 4,300	— 37,300
Federal Mediation and Conciliation Service	34,620	36,834	36,834	+ 2,214	.....
Federal Mine Safety and Health Review Commission	6,060	6,159	6,159	+ 99	.....
Office of Library Services: Grants and Administration	166,175	154,500	154,500	— 11,675	.....
Medicare Payment Advisory Commission (TF)	7,015	7,015	7,015	.....	.....
National Commission on Libraries and Info Science	1,000	1,300	1,300	+ 300	.....
National Council on Disability	2,344	2,400	2,400	+ 56	.....
National Education Goals Panel	2,100	2,250	2,250	+ 150	.....
National Labor Relations Board	184,451	210,193	210,193	+ 25,742	.....
National Mediation Board	8,400	9,100	9,100	+ 700	.....
Occupational Safety and Health Review Commission	8,100	8,500	8,500	+ 400	.....
RAILROAD RETIREMENT BOARD					
Dual Benefits Payments Account	189,000	175,000	175,000	— 14,000	.....
Less Income Tax Receipts on Dual Benefits	— 11,000	— 10,000	— 10,000	+ 1,000	.....
Subtotal, Dual Benefits	178,000	165,000	165,000	— 13,000	.....
Federal Payment to the RR Retirement Account	150	150	150	.....	.....
Limitation on administration:					
Consolidated Account	90,398	86,500	90,000	— 398	+ 3,500
Inspector General	5,600	5,400	5,400	— 200	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
SOCIAL SECURITY ADMINISTRATION					
Payments to Social Security Trust Funds	19,689	20,764	20,764	+ 1,075	.....
SPECIAL BENEFITS FOR DISABLED COAL MINERS					
Benefit payments	542,183	520,000	520,000	- 22,183	.....
Administration	4,620	4,638	4,638	+ 18	.....
Subtotal, Black Lung, current year program level	546,803	524,638	524,638	- 22,165	.....
Less funds advanced in prior year	- 160,000	- 141,000	- 141,000	+ 19,000	.....
Total, Black Lung, current request	386,803	383,638	383,638	- 3,165	.....
New advances, 1st quarter fiscal year 2001	141,000	124,000	124,000	- 17,000	.....
SUPPLEMENTAL SECURITY INCOME					
Federal benefit payments	28,263,000	28,822,000	28,822,000	+ 559,000	.....
Beneficiary services	61,000	64,000	64,000	+ 3,000	.....
Research and demonstration	37,000	24,000	25,085	- 11,915	+ 1,085
Administration	2,114,000	2,203,000	2,192,000	+ 78,000	- 11,000
Subtotal, SSI current year program level	30,475,000	31,113,000	31,103,085	+ 628,085	- 9,915
Less funds advanced in prior year	- 8,680,000	- 9,550,000	- 9,550,000	- 870,000	.....
Subtotal, regular SSI current year, Current year	21,795,000	21,563,000	21,553,085	- 241,915	- 9,915
Additional CDR funding ⁴	177,000	200,000	200,000	+ 23,000	.....

User Fee Activities	75,000	.....	.....	— 75,000	.....
Total, SSI, current request	22,047,000	21,763,000	21,753,085	— 293,915	— 9,915
New advance, 1st quarter, fiscal year 2001	9,550,000	9,890,000	9,890,000	+ 340,000	.....
LIMITATION ON ADMINISTRATIVE EXPENSES					
OASDI Trust Funds	2,928,400	2,910,200	2,928,400	.....	+ 18,200
HI/SMI Trust Funds	952,000	1,087,000	1,066,671	+ 114,671	— 20,329
Social Security Advisory Board	1,600	1,800	1,800	+ 200	.....
SSI	2,114,000	2,203,000	2,192,000	+ 78,000	— 11,000
Subtotal, regular LAE	5,996,000	6,202,000	6,188,871	+ 192,871	— 13,129
User Fee Activities	75,000	80,000	80,000	+ 5,000	.....
Claimant representative payments .....	.....	19,000	.....	.....	— 19,000
TOTAL, REGULAR LAE	6,071,000	6,301,000	6,268,871	+ 197,871	— 32,129
Additional CDR funding: ⁴					
OASDI	178,000	205,000	205,000	+ 27,000	.....
SSI	177,000	200,000	200,000	+ 23,000	.....
Subtotal, CDR funding	355,000	405,000	405,000	+ 50,000	.....
TOTAL, LAE	6,426,000	6,706,000	6,673,871	+ 247,871	— 32,129
OFFICE OF INSPECTOR GENERAL					
Federal Funds	12,000	15,000	15,000	+ 3,000	.....
Trust Funds	44,000	51,000	51,000	+ 7,000	.....
Total, Office of the Inspector General	56,000	66,000	66,000	+ 10,000	.....
Adjustment: Trust fund transfers from general revenues	— 2,366,000	— 2,403,000	— 2,392,000	— 26,000	+ 11,000
Total, Social Security Administration	36,260,492	36,550,402	36,519,358	+ 258,866	— 31,044
Federal funds	32,156,492	32,196,402	32,186,487	+ 29,995	— 9,915
Current year	(22,465,492)	(22,182,402)	(22,172,487)	(— 293,005)	(— 9,915)
New advances, 1st quarter fiscal year 2000	(9,691,000)	(10,014,000)	(10,014,000)	(+ 323,000)	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 1999 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL
FOR FISCAL YEAR 2000—Continued

[In thousands of dollars]

Item	1999 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation com- pared with (+ or -)	
				1999 appropriation	Budget estimate
Trust funds	4,104,000	4,354,000	4,332,871	+ 228,871	- 21,129
United States Institute of Peace	12,160	13,000	13,000	+ 840	.....
Total, Title IV, Related Agencies	37,700,349	38,013,830	37,874,420	+ 174,071	- 139,410
Federal funds	33,493,336	33,560,915	33,439,134	- 54,202	- 121,781
Current year	(23,462,336)	(23,196,915)	(23,075,134)	(- 387,202)	(- 121,781)
Advance year 2001	(9,691,000)	(10,014,000)	(10,014,000)	(+ 323,000)	.....
Advance year 2002	(340,000)	(350,000)	(350,000)	(+ 10,000)	.....
Trust funds	4,207,013	4,452,915	4,435,286	+ 228,273	- 17,629
SUMMARY					
Grand bill total	300,627,424	325,069,040	324,157,991	+ 23,530,567	- 911,049
Federal Funds	290,870,468	315,017,982	314,255,792	+ 23,385,324	- 762,190
Current year	(241,473,428)	(261,420,921)	(254,620,205)	(+ 13,146,777)	(- 6,800,716)
Advance year 2001	(49,057,040)	(53,247,061)	(59,285,587)	(+ 10,228,547)	(+ 6,038,526)
Advance year 2002	(340,000)	(350,000)	(350,000)	(+ 10,000)	.....
Trust Funds	9,756,956	10,051,058	9,902,199	+ 145,243	- 148,859

¹ Fiscal year 1999 includes \$7 million in emergency funding.

² Three year forward funded availability.

³ 15 month forward funded availability.

⁴ Two year availability.

⁵ Includes \$8.29 million transfer from ESA account in Senate recommendation.

⁶ Includes \$28 million for global polio/measles eradication emergency funding in fiscal year 1999.

⁷ Includes \$5 million for Environmental Health Lab emergency funding in fiscal year 1999.

⁸ Includes Mine Safety and Health.

⁹ Intermediate estimates: Page 40 of the 1998 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund.

- ¹⁰Intermediate estimates: Page 39 of the 1998 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund.
- ¹¹Requires new legislation.
- ¹²Requires new authorizing legislation.
- ¹³The Administration proposes transferring this from the Education, Research, Statistics and Improvement Account.
- ¹⁴Public Law 105-220 reclassified all Voc Rehab programs except State Grants as discretionary funding.

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